

NAME OF THE HOSPITAL: _____

16. Laparoscopic Ovarian Drilling: S4C2.12

1. Name of the Procedure: Laparoscopic Ovarian Drilling
2. Indication: PCOD
3. Does the patient presented with Irregular menses (oligomenorrhea), pain in abdomen, excessive weight gain: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- USG abdomen & pelvis: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of Cardiac diseases: Yes/No

For Eligibility for Laparoscopic Ovarian Drilling the answer to question 5 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
