

NAME OF THE HOSPITAL: \_\_\_\_\_

17. Laproscopic Myomectomy: S4C2.13

1. Name of the Procedure: Laparoscopic Myomectomy
2. Indication: Uterine Myoma
3. Does the patient presented with symptoms suggestive of Uterine myoma such as pain, Menorrhagia/ Infertility/ Abortions/ Degeneration: Yes/No
4. If the answer to questions 3 is yes then is there evidence of single intramural or subserosal fibroid  $\leq 15$  cms or three or fewer fibroids of  $\leq 5$  cms: Yes/No (Upload USG report)
5. If the answer to question 4 is Yes is there evidence of asymptomatic fibroids which are accidentally detected and not causing tubal block: Yes/No

For eligibility for Laproscopic Myomectomy 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

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