

NAME OF THE HOSPITAL: _____

9. LAVH: S4C2.1

1. Name of the Procedure: Laparoscopically Assisted Vaginal Hysterectomy (LAVH)

2. Indication:

Dysfunctional Uterine Bleeding
Fibroid uterus
Adenomyosis/Endometriosis
Chronic Cervicitis

3. Does the patient presented with abnormal Uterine bleeding: 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 LAVH the answer to question 5 must be No

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

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NAME OF THE HOSPITAL: _____

10. LAVH: S4C2.1

1. Name of the Procedure: Laparoscopically Assisted Vaginal Hysterectomy (LAVH)

2. Indication:

Dysfunctional Uterine Bleeding
Fibroid uterus
Adenomyosis/Endometriosis
Chronic Cervicitis

3. Does the patient presented with Lump in pelvis/ abdomen/ vagina or menorrhagia:
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 LAVH the answer to question 5 must be No

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NAME OF THE HOSPITAL: _____

11. LAVH: S4C2.1

1. Name of the Procedure: Laparoscopically Assisted Vaginal Hysterectomy (LAVH)

2. Indication:

Dysfunctional Uterine Bleeding
Fibroid uterus
Adenomyosis/Endometriosis
Chronic Cervicitis

3. Does the patient presented with abnormal Uterine bleeding, Dysmenorrhea: 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 LAVH the answer to question 5 must be No

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NAME OF THE HOSPITAL: _____

12). LAVH: S4C2.1

1. Name of the Procedure: Laparoscopically Assisted Vaginal Hysterectomy (LAVH)

2. Indication:

Dysfunctional Uterine Bleeding
Fibroid uterus
Adenomyosis/Endometriosis
Chronic Cervicitis

3. Does the patient presented with abnormal Uterine bleeding, Dysmenorrhea: 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 LAVH the answer to question 5 must be No

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

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