2. Indication:	
Dysfunctional Uterine Bleeding	
Fibroid uterus	
Adenomyosis/Endometriosis	
Chronic Cervicitis	
3. Does the patient presented with abno	rmal Uterine bleeding: Yes/No
4. If the answer to question 3 is Yes then & pelvis: Yes/No (Upload reports)	are the following tests being done- USG abdomen
5. If the answer to question 4 is Yes, ther diseases: Yes/No	n is the patient having evidence of Cardiac
For Eligibility for LAVH the answer to que	estion 5 must be No
I hereby declare that the above furnishe	d information is true to the best of my knowledge.
	Treating Doctor Signature with Stamp

1. N	Name of the Procedure: Laparoscopically Assisted Vaginal Hysterectomy (LAVH)	
2. Indication:		
	Dysfunctional Uterine Bleeding	
	Fibroid uterus	
	Adenomyosis/Endometriosis	
	Chronic Cervicitis	
3. [Ooes the patient presented with Lump in pelvis/ abdomen/ vagina or menorrhagia: Yes/No	
4. I	f the answer to question 3 is Yes then are the following tests being done- USG abdomen & pelvis: Yes/No (Upload reports)	
5. l	f 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 he	reby declare that the above furnished information is true to the best of my knowledge.	
	Treating Doctor Signature with Stamp	

	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
Fo	Eligibility for LAVH the answer to question 5 must be No
Ιh	ereby declare that the above furnished information is true to the best of my knowledge.
	Treating Doctor Signature with Stamp

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. Treating Doctor Signature with Stamp	AME OF THE HOSPITAL:
 Indication: Dysfunctional Uterine Bleeding Fibroid uterus Adenomyosis/Endometriosis Chronic Cervicitis Does the patient presented with abnormal Uterine bleeding, Dysmenorrhea: Yes/No If the answer to question 3 is Yes then are the following tests being done- USG abdomen & pelvis: Yes/No (Upload reports) 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. 	2). LAVH: S4C2.1
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.	1. Name of the Procedure: Laparoscopically Assisted Vaginal Hysterectomy (LAVH)
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.	2. Indication:
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.	Dysfunctional Uterine Bleeding
 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. 	Fibroid uterus
 Does the patient presented with abnormal Uterine bleeding, Dysmenorrhea: Yes/No If the answer to question 3 is Yes then are the following tests being done- USG abdomen & pelvis: Yes/No (Upload reports) 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. 	Adenomyosis/Endometriosis
 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. 	Chronic Cervicitis
 & 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. 	3. Does the patient presented with abnormal Uterine bleeding, Dysmenorrhea: Yes/No
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.	
I hereby declare that the above furnished information is true to the best of my knowledge.	
	For Eligibility for LAVH the answer to question 5 must be No
Treating Doctor Signature with Stamp	I hereby declare that the above furnished information is true to the best of my knowledge.
	Treating Doctor Signature with Stamp
	