

NAME OF THE HOSPITAL: _____

42) Oesophageal Diverticula /Achlorasia Cardia

1. Name of the Procedure: Oesophageal Diverticula /Achlorasia Cardia

2. Select the Indication:

a. Difficulty in swallowing: Yes/No

b. Chest pain: Yes/No

c. Burning: Yes/No

d. Nausea: Yes/No

e. Vomiting: Yes/No

f. Oesophageal Diverticula disease causing dysphagia: Yes/No

g. Achlorasia Cardia: Yes/No

(Upload Endoscopy report/oesophagogram/oesophageal manometry)

3. Treatment –

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

Treating Doctor Signature with Stamp
