

NAME OF THE HOSPITAL: _____

33) Coarctation Of Aorta Repair With Graft

1. Name of the Procedure: Coarctation Of Aorta Repair With Graft

2. Select the Indication:

a. Claudication: Yes/No

b. Distal ischaemia signs: : Yes/No

c. Coarctation Of Aorta involving large segmental coarctation or multiple site coarctation:

Yes/No (Upload 2D echo/Aortograme)

3. Post op sticker of graft

4. Treatment –

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

Treating Doctor Signature with Stamp
