

NAME OF THE HOSPITAL: _____

76) Intrathoracic Aneurysm-Aneurysm Not Requiring Bypass (With Graft)

1. Name of the Procedure: Intrathoracic Aneurysm-Aneurysm Not Requiring Bypass (With Graft)

2. Select the Indication:

a. Chest pain/Back pain/Joint Pain: Yes/No

b. Palpitation: Yes/No

c. Coughing/wheezing/shortness of breath: Yes/No

d. Hoarseness of voice: Yes/No

e. Difficulty in Swallowing: Yes/No

f. Radiological image showing aneurysmally dilated aorta: Yes/No

(Upload CT angiogram)

(Upload Sticker)

3. Treatment –

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

Treating Doctor Signature with Stamp
