

NAME OF THE HOSPITAL: _____

24) Surgery-PDA

1. Name of the Procedure: Surgery-PDA
2. Select the Indication:
 - a. Recurrent respiratory tract infection: Yes/No
 - b. Murmur present: Yes/No
 - c. PDA with shunting of blood: Yes/No
(Upload 2D echo report and/or cath study)
3. Treatment –

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

Treating Doctor Signature with Stamp
