

NAME OF THE HOSPITAL: \_\_\_\_\_

3) Truncus Arteriosus surgery

1. Name of the Procedure: Truncus Arteriosus surgery

2. Select the Indication:

Cyanosis: Yes/No – Type **I, II, III, IV** truncus arteriosus – Mention the type  
(Upload 2 D echo report)

3. Surgery :

a. Using conduit with or

b. Without valve & artificial path  
(Upload sticker for graft conduit)

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

Treating Doctor Signature with Stamp

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