

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

71) Aorto-Aorto Bypass With Graft

1. Name of the Procedure: Aorto-Aorto Bypass With Graft

2. Select the Indication

a. Claudication: Yes/No

b. Distal limb gangrene: Yes/No

c. Impotence: Yes/No

d. Absent pulse: Yes/No

e. Smoking: Yes/No

f. Chronic/acute on chronic atherosclerotic occlusive disease of aorta: Yes/No

g. Idiopathic: Yes/No

(Upload CT angiogram)

3. Treatment –

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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