

NAME OF THE HOSPITAL: _____

4) Surgery for HOCM (Hypertrophic obstructive cardiomyopathy)

1. Name of the Procedure: Surgery for HOCM (Hypertrophic obstructive cardiomyopathy)

2. Select the Indication:

DOE – Grade : Yes/No

SAM – Present : Yes/No

LVOT – Gradient at rut > 30mmhg : Yes/No
(Upload 2 D echo report)

3. Surgical treatment – Septal Myectomy

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

Treating Doctor Signature with Stamp
