

NAME OF THE HOSPITAL: _____

5) Pulmonary Valve Replacement

1. Name of the Procedure: Pulmonary Valve Replacement

2. Select the Indication:

Cyanosis:Yes/No

Isolated pulmonary valve stenosis:Yes/No

3. Symptomatic or asymptomatic patient with RV dilation / RV failure / arrhythmias, exercise intolerance: Yes/No
any of the above. (Upload 2 D echo report or cath study if possible)

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

Treating Doctor Signature with Stamp
