NAME OF THE HOSPITAL: _____

8)Surgery for Arterial Aneurysm Renal Artery

1. Name of the Procedure: Surgery for Arterial Aneurysm Renal Artery

2. Select the Indication:

   Pressure symptoms :Yes/No

   Hypertension:Yes/No

   Pain in abdomen:Yes/No

   Aneurusm of Unilateral artery:Yes/No

   Aneurusm of Bilateral artery:Yes/No
   (Upload color doppler or CT angiography)

3. Surgery:

   Unilateral repair with/without graft

   Bilateral repair with/without graft

   Orthodeoxia

   (For bilateral disease repair package should be more as 2 grafts repaired & surgery also supra

   major)

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

                                                      Treating Doctor Signature with Stamp

                                              _____