

NAME OF THE HOSPITAL: _____

5) Thyomectomy

1. Name of the Procedure: Thyomectomy

2. Select the Indication:

a. Benign thymic mass:Yes/No

b. Malignant thymic mass:Yes/No

c. Symptomatic patient of myasthenia: Yes/No

(Upload HRCT Chest or MRI)

3. Surgery – Thyomectomy

(Post operative HP report)

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

Treating Doctor Signature with Stamp
