

NAME OF THE HOSPITAL: _____

43) Thoracotomy, Thoraco Abdominal Approach

1. Name of the Procedure: Thoracotomy, Thoraco Abdominal Approach

2. Select the Indication:

a. Thoraco abdominal aortic aneurysm repair: Yes/No

b. Descending aorta dissection: Yes/No

c. Oesophagia malignancy: Yes/No

d. Thoraco abdominal trauma involving major vessels: Yes/No

(Upload Doppler and/or CT angiogram and/or USG and/or CT Chest and/or MRI)

3. Treatment –

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

Treating Doctor Signature with Stamp
