

NAME OF THE HOSPITAL: \_\_\_\_\_

48) Carotid Body Tumour Excision

1. Name of the Procedure: Carotid Body Tumour Excision

2. Select the Indication:

a. Persistent swelling in the neck: Yes/No

b. Pulsatile in nature: Yes/No

c. Symptoms like hoarseness of voice: Yes/No

d. Difficulty in swallowing: Yes/No

(Upload USG and/or CT and/or MRI and/or DSA)

3. Treatment –

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

Treating Doctor Signature with Stamp

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