

NAME OF THE HOSPITAL: _____

29) Peripheral Embolectomy Without Graft

1. Name of the Procedure: Peripheral Embolectomy Without Graft

2. Select the Indication:

a. Pain: Yes/No

b. Burning: Yes/No

c. Dark discoloration: Yes/No

d. Gangrene: Yes/No

e. Acute limb ischaemia: Yes/No

f. Acute on chronic limb ischaemia: Yes/No

g. Arterial thrombo embolism due to cardiac pathology: Yes/No

h. Arterial thrombo embolism due to thorax: Yes/No

(Upload doppler report and/or CT angiography)

3. Treatment –

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

Treating Doctor Signature with Stamp
