

NAME OF THE HOSPITAL: _____

50) Femoro Popliteal Bypass With Graft

1. Name of the Procedure: Femoro Popliteal Bypass With Graft

2. Select the Indication:

a. Chronic obstructive atherosclerotic disease: Yes/No

b. Distal limb gangrene: Yes/No

c. Severe claudication not responding to medical line of management: Yes/No
(Upload Doppler study and/or CT angio)
(Graft sticker)

3. Treatment –

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

Treating Doctor Signature with Stamp
