

NAME OF THE HOSPITAL: _____

26) Systemic Pulmonary Shunts Without Graft

1. Name of the Procedure: Systemic Pulmonary Shunts Without Graft

2. Select the Indication:

a. Cyanosis: Yes/No

b. Murmur: Yes/No

c. Cyanotic congenital heart disease: Yes/No

d. Severe pulmonary artery stenosis: Yes/No

e. Pulmonary artery atresia: Yes/No

(Upload 2D echo report and/or cath studies)

(Upload sticker of graft)

3. Treatment –

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

Treating Doctor Signature with Stamp
