

NAME OF THE HOSPITAL: _____

77) Open Pulmonary Valvotomy

1. Name of the Procedure: Open Pulmonary Valvotomy

2. Select the Indication

a. Cyanosis: Yes/No

b. Cyanosis on crying: Yes/No

c. Shortness of breath: Yes/No

d. Palpitation: Yes/No

g. Failure to thrive: Yes/No

h. Isolated pulmonary stenosis: Yes/No

(Upload 2D echo and/or chath study)

3. Treatment –

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

Treating Doctor Signature with Stamp
