

NAME OF THE HOSPITAL: _____

53) Valve Repair With Prosthetic Ring

1. Name of the Procedure: Valve Repair With Prosthetic Ring

2. Select the Indication:

a. DOE: Yes/No

b. Palpitation Yes/No

c. Chest pain Yes/No

d. Severe MR: Yes/No

e. Severe TR Primary: Yes/No

f. Severe TR Primary Secondary to other pathology: Yes/No

(Upload post op X Ray and 2D echo)

3. Treatment –

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

Treating Doctor Signature with Stamp
