

NAME OF THE HOSPITAL: _____

68) Pneumonectomy

1. Name of the Procedure: Pneumonectomy

2. Select the Indication:

a. Cough: Yes/No

b. DOE: Yes/No

c. Haemoptysis: Yes/No

d. Pain and/or active Koch's: Yes/No

e. Traumatic lung injury: Yes/No

f. Congenital lung disease: Yes/No

g. Infective lung disease: Yes/No

h. Multiple abscess/large abscess/heavy destruction: Yes/No

(Upload HRCT Chest)

3. Treatment –

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

Treating Doctor Signature with Stamp
