

NAME OF THE HOSPITAL: _____

67) Lobectomy

1. Name of the Procedure: Lobectomy

2. Select the Indication:

a. Chronic cough: Yes/No

b. DOE: Yes/No

c. Haemoptysis: Yes/No

d. Chest pain/discomfort: Yes/No

e. Pain H/O Koch's or active Koch's: Yes/No

f. H/O Trauma – severe lung condition: Yes/No

(Upload HRCT Chest and/or MRI)

3. Treatment –

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

Treating Doctor Signature with Stamp
