

NAME OF THE HOSPITAL: _____

65) Lung Cyst

1. Name of the Procedure: Lung Cyst

2. Select the Indication:

a. Chronic cough: Yes/No

b. Haemoptysis: Yes/No

c. Chest pain: Yes/No

d. Fever: Yes/No

e. H/O TB: Yes/No

f. H/O Hydatid cyst anywhere else: 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
