

NAME OF THE HOSPITAL: _____

66) SOL Mediastinum

1. Name of the Procedure: SOL Mediastinum

2. Select the Indication:

a. Weight loss: Yes/No

b. Loss of appetite: Yes/No

c. H/O myesthesis gravis: Yes/No

d. Chronic cough: Yes/No

g. Haemoptysis: Yes/No

h. Engorged neck veins: Yes/No

i. Chest discomfort/pain: 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
