

NAME OF THE HOSPITAL: _____

70) Transpleural BPF Closure

1. Name of the Procedure: Transpleural BPF Closure

2. Select the Indication:

i. Severe cough: Yes/No

j. Haemoptysis: Yes/No

k. H/O previous pneumonectomy/lobectomy or any other surgical procedure mention: Yes/No

l. Diabetes: Yes/No

m. H/O Chemo/radiotherapy: Yes/No

n. H/O Smocking: Yes/No

o. Spontaneous pneumothorax: Yes/No

p. Associated malignancy: Yes/No

If Yes – mention

(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
