

NAME OF THE HOSPITAL: _____

45) Diaphragmatic Hernia

1. Name of the Procedure: Diaphragmatic Hernia

2. Select the Indication:

a. Severe respiratory distress in diagnosed DH: Yes/No

(Upload X Ray and/or CT and/or USG)

3. Treatment –

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

Treating Doctor Signature with Stamp
