

NAME OF THE HOSPITAL: _____

18) Surgery Without Graft For Arterial Injuries, Venous Injuries

1. Name of the Procedure: Surgery Without Graft For Arterial Injuries, Venous Injuries

a. Traumatic rupture of arteries/veins: Yes/No b.

Iatrogenic rupture of arteries/veins: Yes/No

(Upload doppler studies/CT angiography)

3. Intra – operative photographs of ruptured vessel in case of iatrogenic injury: Yes/No

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

Treating Doctor Signature with Stamp
