

NAME OF THE HOSPITAL: _____

47) Vascular Injury In Upper Limbs – Axillary, Branchial, Radial And Ulnar - Repair With Vein Graft -
Payable maximum upto

1. Name of the Procedure: Vascular Injury In Upper Limbs – Axillary, Branchial, Radial And Ulnar -
Repair With Vein Graft

2. Select the Indication: a. Bleeding: Yes/No b. Shock:
Yes/No c. Signs of distal limb ischaemis: Yes/No d.
Vascular trauma: Yes/No e. Iatrogenic injury:
Yes/No f. Blunt trauma to vessel and bleeding:
Yes/No g. Trauma causing thrombosis of artery:
Yes/No

(Upload doppler report/CT angiography and/or photograph of iatrogenic)

3. Treatment –

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

Treating Doctor Signature with Stamp
