

NAME OF THE HOSPITAL: \_\_\_\_\_

20) Surgery With Vein Graft

1. Name of the Procedure: Surgery With Vein Graft

2. Select the Indication: a. Severe

blood loss: Yes/No b. Shock:

Yes/No c. Traumatic vein injury:

Yes/No d. Iatrogenic vein injury:

Yes/No e. Segmental vein loss:

Yes/No

(Upload doppler report and/or photograph of injured vein)

3. Treatment –

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

Treating Doctor Signature with Stamp

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