

NAME OF THE HOSPITAL: _____

38) Vascular Injuries Repair With Prosthetic Graft

1. Name of the Procedure: Vascular Injuries Repair With Prosthetic Graft

2. Select the Indication: a. Bleeding: Yes/No b. Shock:

Yes/No c. Signs of ischaemia: 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 sticker)

3. Treatment –

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

Treating Doctor Signature with Stamp
