

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

59) Abdominal Vascular Injuries - Aorta, Iliac Arteries, IVC, Iliac Veins - Payable maximum upto

1. Name of the Procedure: Abdominal Vascular Injuries - Aorta, Iliac Arteries, IVC, Iliac Veins

2. Select the Indication:

a. Is patient in shock: Yes/No

b. Blood loss: Yes/No

c. Abdominal haematoma: Yes/No

d. Severe anemia: Yes/No

e. Distal limb pulsations absent: Yes/No

f. Intra abdominal vascular injury mention the injured vessel: Yes/No

(Upload USG and/or CT abdomen and/or CT angiogram)

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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