

NAME OF THE HOSPITAL: _____

74) Major Vascular Injury -In Lower Limbs-Repair – Payable maximum upto

1. Name of the Procedure: Major Vascular Injury -In Lower Limbs-

2. Select the Indication

a. Claudication: Yes/No

b. Distal limb gangrene: Yes/No

c. Absent distal pulse: Yes/No

d. Smoking: Yes/No

e. Acute and/or acute on chronic and/or chronic atherosclerotic occlusive disease: Yes/No

(Upload CT angiography and/or Doppler study)

3. Treatment –

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

Treating Doctor Signature with Stamp
