

NAME OF THE HOSPITAL: _____

58) Neck Vascular Injury - Carotid Vessels - Payable maximum upto

1. Name of the Procedure: Neck Vascular Injury - Carotid Vessels

2. Select the Indication:

a. Bleeding from injured neck vessels: Yes/No

b. Need of transfusion: Yes/No

c. Giddiness: Yes/No

d. TIA: Yes/No

e. Loss of consciousness: Yes/No

f. Iatrogenic trauma: Yes/No

g. Need of graft: Yes/No

(If graft : Yes – 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
