

NAME OF THE HOSPITAL: _____

51) CABG With Aneurysmal Repair

1. Name of the Procedure: CABG With Aneurysmal Repair

2. Select the Indication:

a. CAD multivessel disease with LV aneurysm: Yes/No

b. CAD single and double vessel disease not stentable with LV aneurysm: Yes/No
(Upload CAG with 2D echo)

3. Treatment –

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

Treating Doctor Signature with Stamp
