

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

35) Aorto Billac - Bifemoral Bypass With Synthetic Graft

1. Name of the Procedure: Aorto Billac - Bifemoral Bypass With Synthetic Graft

2. Select the Indication:

a. Claudication: Yes/No

b. Gangrene: Yes/No

c. Signs of ischaemia: Yes/No

d. Atherosclerotic occlusive disease involving abdominal and on iliac arteries: Yes/No

e. Aortic aneurysm involving the iliac arteries: Yes/No

f. Severe claudication despite medical management: Yes/No

g. Critical limb ischaemia/impotence: Yes/No

h. Trauma: Yes/No

i. Acute or chronic occlusions: Yes/No

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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