

NAME OF THE HOSPITAL: _____

57) Axillo Bifemoral Bypass With Synthetic Graft

1. Name of the Procedure: Axillo Bifemoral Bypass With Synthetic Graft

2. Select the Indication:

a. Claudication: Yes/No

b. Distal gangrene: Yes/No

c. Impotence: Yes/No

d. Atherosclerotic and/or thrombotic occlusion of distal aorta: Yes/No

(Upload 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
