

NAME OF THE HOSPITAL: _____

62) Brachioradial Bypass With Synthetic Graft

1. Name of the Procedure: Brachioradial Bypass With Synthetic Graft

2. Select the Indication:

- a. Pain and/or burning in hands/fingers: Yes/No
- b. Bluish/blackish discoloration of fingers: Yes/No
- c. Gangrene of fingers: Yes/No
- d. Absent radial pulsation: Yes/No
- e. Absent ulnar pulsation: Yes/No

(Upload Doppler study/or CT angiography)

3. Treatment –

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

Treating Doctor Signature with Stamp
