

NAME OF THE HOSPITAL: _____

55) Carotid Artery Bypass With Synthetic Graft

1. Name of the Procedure: Carotid Artery Bypass With Synthetic Graft

2. Select the Indication:

a. Atherosclerotic carotid artery occlusion: Yes/No

b. Causing neurological symptoms – stroke /TIA: Yes/No

c. Carotid A injury - Traumatic: Yes/No

- Iatrogenic: Yes/No

(Upload doppler and/or CT angio and/or DSA and/or intra op photographs in case of injury)

3. Treatment –

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

Treating Doctor Signature with Stamp
