

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

22) Arterial Embolectomy

1. Name of the Procedure: Arterial Embolectomy

2. Select the Indication:

- a. Limb pain/ Claudication/burnigng: Yes/No
- b. Distal gangrene: Yes/No
- c. Dark discoloration: Yes/No
- d. Acute limb ischaemia: Yes/No
- e. Acute on chronic limb ischaemia: Yes/No
- f. Arterial thrombo embolism due to cardiac pathology: Yes/No
- g. Arterial thrombo embolism due to thorax: Yes/No  
(Upload doppler report and/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

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