

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

79) Excision of AV malformation large

1. Name of the Procedure: Excision of AV malformation large

2. Select the indication:

a. Swelling/limp: Yes/No (If yes – mention site of swelling/limp)

b. Characteristics:

- Expansible: Yes/No
- Compressible: Yes/No
- Raised temperature: Yes/No

c. Present symptoms: Yes/No

If yes – mention

d. Changes overlying skin: Yes/No

(Upload CT and/or MRI angiography)

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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