

NAME OF THE HOSPITAL: _____

44) Tricuspid Valve Replacement

1. Name of the Procedure: Tricuspid Valve Replacement

2. Select the Indication:

a. Generalised edema: Yes/No

b. Ascites: Yes/No

c. Dyspnoea: Yes/No

d. Fatigue: Yes/No

e. Severe tricuspid stenosis: Yes/No

f. Primary or secondary symptomatic TR: Yes/No
(Upload 2D echo)

3. Treatment –

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

Treating Doctor Signature with Stamp
