

NAME OF THE HOSPITAL: _____

56) D V T - IVC Filter

1. Name of the Procedure: D V T - IVC Filter

2. Select the Indication:

a. Severe limb edema: Yes/No

b. Acute DVT: Yes/No

c. Acute DVT with pulmonary embolism: Yes/No

d. Recurrent PE: Yes/No

e. DVT non responsive or contra indication to anti coagulation: Yes/No

(Upload color doppler)

3. Treatment –

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

Treating Doctor Signature with Stamp
