

NAME OF THE HOSPITAL: _____

61) Medium Size Arterial Aneurysms - Repair

1. Name of the Procedure: Medium Size Arterial Aneurysms - Repair

2. Select the Indication:

a. Visible pulsatile swelling/limp: Yes/No

b. Pain: Yes/No

c. Impending rupture: Yes/No

d. Intra aneurysmal thrombosis: Yes/No

(Upload Doppler study/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
