

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

78) Medium Size Arterial Aneurysms With Synthetic Graft

1. Name of the Procedure: Medium Size Arterial Aneurysms With Synthetic Graft

2. Select the Indication

a. Pain on affected area: Yes/No

b. Pressure symptoms: Yes/No

If yes – mention specific

c. Pulsatile limp/swelling: Yes/No

(Upload doppler study 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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