

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

14) Encysted Empyema/Pleural Effusion - Tubercular

1. Name of the Procedure: Encysted Empyema/Pleural Effusion - Tubercular

2. Select the Indication:

a. Breathlessness:Yes/No

b. Cough:Yes/No

c. Chest pain:Yes/No

d. Active tuberculosis and/or past history:Yes/No

e. Pleural effusion Yes/No

f. Empyema:Yes/No

3. Surgery –

(Upload HRCT Chest)

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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