

NAME OF THE HOSPITAL: _____

11) Thromboembolectomy (pre-auth not required, usually done as emergency)

1. Name of the Procedure: Thromboembolectomy (pre-auth not required, usually done as emergency)

2. Select the Indication:

Pain: Yes/No

Burning: Yes/No

Dark discoloration: Yes/No

Gangrene: Yes/No

Non healing artery ulcer: Yes/No

3. Peripheral artery thromboembolism mention the affected artery/arteries.
(Upload Doppler report and/or CT angiography)

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

Treating Doctor Signature with Stamp
