

NAME OF THE HOSPITAL: _____

12) Thoracocentesis

1. Name of the Procedure: Thoracocentesis

- a. DOE: Yes/No
- b. Palpitation: Yes/No
- c. Chest pain: Yes/No

2. Select the Indication: Pleural effusion: Yes/No

- a. Benign: Yes/No
- b. Malignant: Yes/No
- c. Traumatic (Haemothorax): Yes/No
- d. Infective: Yes/No
- e. Idiopathic: Yes/No

(Upload X Ray Chest or CT Chest)

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

Treating Doctor Signature with Stamp
