

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

PATIENT NAME: \_\_\_\_\_

21). ESWL: RENAL CACULUS UP TO 2 CM (S9H4.3)-A

1. Name of the Procedure: ESWL
2. Select the Indication from the drop down of various indications provided under this head:

RENAL CACULUS UP TO 2 CM
UPPER URETERIC CALCULUS

3. Does the patient have history of Pain/ fever/ hematuria: Yes/No
4. If the answer to question 3 is Yes then is there evidence of raised serum Creatinine levels: Yes/No (Upload Sr. Creat Report)
5. If answer to question 4 is No, then is there evidence of Stone <2cm demonstrated on IVP with normal renal anatomy: Yes/No (Upload IVP film)
6. If answer to question 4 is Yes then do USG KUB AND X-Ray KUB and if facility for PCN/DJ Stenting is available then do PCN/DJ stenting of both kidneys.
  - a. Serum Creat reduced to normal with PCN/DJ Stenting and stone less than 2 cm: Yes/No
  - b. If Serum Creat still raised evaluate for CKD-No ESWL
7. If the answer to questions 5 OR 6a is Yes, then is there evidence of
  - a. Pregnancy in female patient: Yes/No
  - b. Altered coagulation profile: Yes/No

For eligibility for ESWL, the answer to questions 7a & 7b must be No.

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

PATIENT NAME: \_\_\_\_\_

22). ESWL: UPPER URETERIC CALCULUS (S9H4.3)-B

1. Name of the Procedure: ESWL

2. Select the Indication from the drop down of various indications provided under this head:

RENAL CACULUS UP TO 2 CM
UPPER URETERIC CALCULUS

3. Does the patient have history of Pain/ fever/ hematuria: Yes/No

4. If the answer to question 3 is Yes then is there evidence of

a. Stone demonstrated on IVP provided Sr. Creatinine is normal: Yes/No (Upload IVP film)

OR

b. Stone demonstrated on X-Ray KUB: Yes/No (Upload X-Ray film)

c. Sr. Creatinine within normal range: Yes/No (Upload Sr. Creatinine Report)

d. USG KUB – Optional

5. If the answer to questions (4a OR 4b) AND 4C is Yes is there evidence of

a. Pregnancy in female patient: Yes/No

b. Altered coagulation profile: Yes/No

For eligibility for ESWL, the answer to questions 5a & 5b must be No.

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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