

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

23). URSL: Ureteric calculi (size > 6mm & trial of medical expulsion therapy for 2 weeks has failed) (S9H4.4)

1. Name of the Procedure: URSL

2. Indication: Ureteric calculi (size > 6mm & trial of medical expulsion therapy for 2 weeks has failed).

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. CT KUB Plain demonstrating ureteric calculus: Yes/No (Upload CT Scan film)
[If Serum Creat is raised X-Ray KUB]

5. If the answer to questions 4a OR 4b is Yes is there evidence of concomitant upper tract abnormalities eg. Ureteral stricture, PUJ obstruction along with upper ureteric calculi that require surgical repair: Yes/No

For eligibility for URSL, the answer to question 5 must be No.

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

Treating Doctor Signature with Stamp
