

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

27). DJ Stent (One side): Obstructive uropathy: (S9H4.6)-A

1. Name of the Procedure: DJ Stent (One side)

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

Obstructive Uropathy
Urine leak post surgery (PCNL)

3. Does the patient have history of Pain/ Fever/ Impending Renal failure: Yes/No

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

a. Raised serum Creatinine suggesting deranged renal function: Yes/No (Upload Sr. Creat Report)

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

c. Obstructive uropathy demonstrated on USG KUB: Yes/No (Upload USG film)

d. Obstructive Uropathy demonstrated on CT KUB Plain: Yes/No (Upload CT film) – Optional

For eligibility for DJ Stent, the answers to question 4a AND 4b AND 4c must be Yes.

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

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

28). DJ Stent (One side): Urine leak post surgery (PCNL): (S9H4.6)-B

1. Name of the Procedure: DJ Stent (One side)
2. Select the Indication from the drop down of various indications provided under this head:

Obstructive Uropathy
Urine leak post surgery (PCNL)

3. Does the patient have history of urine leak from operative site/ fever: Yes/No
4. If the answer to question 3 is Yes then are the following investigations done:
 - a. Post surgery X-Ray KUB: Yes/No (Upload X-Ray film)
 - b. Post surgery USG KUB: Yes/No (Upload USG film)--Optional

For eligibility for DJ Stent, the answer to question 4a should be Yes.

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

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