

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

63). Laproscopic Nephrectomy Radical: T2 or Larger Tumours (S9H7.5)

1. Name of the Procedure: Laproscopic Nephrectomy Radical
2. Indication: T2 or larger tumours
3. Does the patient have evidence of Pain/ Lump/ Hematuria/ Loss of wt/ Backache:
Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
 - a. Evidence of tumour on CT/MRI Scan Abdomen + Pelvis (Upload CT/MRI film)
 - b. X-Ray chest not suggestive of metastasis: Yes/No (Upload X-ray film)
 - c. LFT levels within Normal limits: Yes/No (Upload LFT Report)
 - d. Serum Calcium done: Yes/No (Upload Sr. Calcium report)
 - e. Serum Alkaline Phosphatase within normal limits: Yes/No (Upload serum alkaline phosphatase Report)
(HRCT, Bone Scan Optional)
5. If the answer to all questions 4a AND 4b AND 4c AND 4d AND 4e is Yes is there evidence of
 - a. IVC Thrombosis: Yes/No
 - b. Metastatic disease: Yes/No

For eligibility for Laproscopic Nephrectomy Radical procedure, the answers to questions 5a AND 5b should be No.

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

Treating Doctor Signature with Stamp
