

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

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

84). Ureterocele (S9H8.8)

1. Name of the Procedure: Ureterocele (Incision)
2. Indication: Ureterocele
3. Does the patient have evidence of Pain/ UTI/ Stone/ Impending renal failure: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
  - a. Ureterocele demonstrated on IVP provided Serum Creatinine is normal: Yes/No (Upload IVP film)
  - b. Ureterocele demonstrated on USG abdomen and pelvis: Yes/No (Upload USG film)(Optional investigations: CT Scan Abdomen)
5. If the answer to questions 4a AND 4b is Yes is there evidence of active UTI: Yes/No

For eligibility for Ureterocele Incision, 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

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