

NAME OF THE HOSPITAL: _____

2). Stevens- Johnson Syndrome 15 Days Stay: M11T5.2

1. Name of the Procedure: Stevens- Johnson Syndrome 15 Days Stay
2. Indication: Stevens- Johnson Syndrome
3. Does the patient presented with tender/painful red skin rash: Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes then are the following tests being done- CBC, HB, Liver Function Test, Renal Function Test, X-ray Chest, Urine Routine: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then are the following tests being done- Blood Culture, Skin Biopsy - HPE, Urine Culture, Skin Swab: Yes/No (Reports can be submitted during claims)

For Eligibility for Stevens- Johnson Syndrome the answer to question 4 must be YES

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

Treating Doctor Signature with Stamp
