

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

3). Pemphigus / Pemphigoid Tzanck Clinical Protocol 15 Days Stay: M11T5.3

1. Name of the Procedure: Pemphigus / Pemphigoid Tzanck Clinical Protocol 15 Days Stay
2. Indication: Pemphigus / Pemphigoid Tzanck
3. Does the patient presented with widespread/ recurrent blisters or erosions: 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, ECG, X-ray Chest, Urine Routine, USG Abdomen:  
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, Direct Immunofluorescence (DIF):  
Yes/No (Reports can be submitted during claims)

For Eligibility for Pemphigus / Pemphigoid Tzanck 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

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