

NAME OF THE HOSPITAL: _____

3). Uncontrolled Diabetes Mellitus with Cholecystitis Abdomen 10 days stay: M13U1.3

1. Name of the Procedure: Uncontrolled Diabetes Mellitus with Cholecystitis Abdomen 10 days stay
2. Indication: Cholecystitis
3. Does the patient with Random Blood Sugar more than 200mg/dl presented with Pain, Fever and Jaundice associated with tenderness at tip of 9th coastal cartilage: Yes/No (Upload Random BSL Report)
4. If the answer to question 3 is Yes is there evidence of Abnormal LFT: Yes/No (Upload LFT report)
5. If the answer to question 4 is Yes, then is the USG/CT Abdomen suggestive of distended gall bladder with peri gall bladder collection: Yes/No (Upload USG/CT abdomen report)

For Eligibility for Uncontrolled Diabetes Mellitus with Cholecystitis Abdomen 10 days stay the answer to question 5 should be yes

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

Treating Doctor Signature with Stamp
