

NAME OF THE HOSPITAL: _____

4). Uncontrolled Diabetes Mellitus with Cavernous Sinus Thrombosis 10 days stay: M13U1.4

1. Name of the Procedure: Uncontrolled Diabetes Mellitus with Cavernous Sinus Thrombosis 10 days stay
2. Indication: Cavernous Sinus Thrombosis
3. Does the patient with Random Blood Sugar more than 200mg/dl presented with Headache, Proptosis and Diplopia: Yes/No (Upload Random BSL Report)
4. If the answer to question 3 is Yes, then is the CT Brain (Plain+Contrast) / MR venography suggestive of Cavernous sinus thrombosis: Yes/No (Upload CT Brain (Plain+Contrast) / MR venography report)

For Eligibility for Uncontrolled Diabetes Mellitus with Cavernous Sinus Thrombosis Abdomen 10 days stay the answer to question 4 should be yes

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

Treating Doctor Signature with Stamp
