

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

5). Uncontrolled Diabetes Mellitus with Rhinocerebral Mucormycosis 10 days stay: M13U1.5

1. Name of the Procedure: Uncontrolled Diabetes Mellitus with Rhinocerebral Mucormycosis 10 days stay
2. Indication: Rhinocerebral Mucormycosis
3. Does the patient with Random Blood Sugar more than 200mg/dl presented with Epistaxis and Palatal gangrene: Yes/No (Upload Random BSL Report)
4. If the answer to question 3 is Yes, then is the CT Orbit and Sinuses (Plain+Contrast)/ MRI suggestive of Rhinocerebral mucormycosis: Yes/No (Upload CT Orbit and Sinuses (Plain+Contrast)/ MRI report)

For Eligibility for Uncontrolled Diabetes Mellitus with Rhinocerebral Mucormycosis 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

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