

NAME OF THE HOSPITAL: _____

6). Hypopituitarism 1 week stay: M13U1.6

1. Name of the Procedure: Hypopituitarism 1 week stay
2. Indication: Hypopituitarism
3. Does the patient presented with Stunted growth, delayed bone age and absence of Secondary Sexual Characters: Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes, then is the Hormonal assay like IGF1, LH, FSH, Testosterone, Prolactin, T3, T4, TSH, Basal Cortisol done: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the MRI/CT brain for pituitary visualization suggestive of the abnormality: Yes/No (Upload reports)
6. If the answer to question 5 is Yes, then is the Hypopituitarism studies suggestive of pituitary abnormality: Yes/No (Upload Hypopituitarism study report)--Optional

For Eligibility for Hypopituitarism 1 week 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
