

NAME OF THE HOSPITAL: _____

8). Pituitary-Acromegaly 1 week stay : M13U2.1

1. Name of the Procedure: Pituitary Acromegaly 1 week stay
2. Indication: Acromegaly
3. Does the patient presented with Spade hands, spade feet, protruding jaw, abnormal body proportions: Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes, then is the IGF1 and post glucose growth hormone assay suggestive of Acromegaly: Yes/No (Upload GH Assay report)
5. If the answer to question 4 is Yes, then is the MRI of the pituitary area suggestive of the cause for Acromegaly : Yes/No (Upload MRI report)

For Eligibility for Pituitary Acromegaly 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
