

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

9). Cushing's Syndrome : M13U2.2

1. Name of the Procedure: Cushing's Syndrome
2. Indication: Cushing's Syndrome
3. Does the patient presented with Obesity, Hypertension, Diabetes Mellitus and Striae:  
Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes, then is the overnight dexamethasone suppressed  
Cortisol estimation suggestive of Cushing's Syndrome: Yes/No (Upload Cortisol  
estimation report)
5. If the answer to question 4 is Yes, then is the MRI Head suggestive of Cushing's  
syndrome: Yes/No (Upload reports)

For Eligibility for Cushing's Syndrome 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

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