

NAME OF THE HOSPITAL: _____

4). Chronic Pancreatitis with Severe Pain - 7 Days Stay: M14V1.12

1. Name of the Procedure: Chronic Pancreatitis with Severe Pain - 7 Days Stay
2. Indication: Acute exacerbation of Chronic Pancreatitis
3. Did the patient present with sudden onset of severe pain radiating to the back: Yes/No
4. If the answer to question 3 is Yes is there evidence of raised Serum Amylase/ Lipase levels (3 times the upper limit of normal): Yes/No (Upload Report)
5. If the answer to question 4 is Yes then is there imaging evidence of recent pancreatitis apart from the underlying changes of chronic pancreatitis documented on CECT abdomen: Yes/No (Upload CECT report & film)
6. If the answer to question 5 is Yes are the following test i.e. CBC, renal function tests, liver function tests, calcium, phosphorus, serum parathyroid hormone levels, vitamin D levels, fasting, post prandial blood sugars and HBA1C being done: Yes/No

For eligibility for Chronic Pancreatitis with Severe Pain - 7 Days Stay, the answer to question 6 should be Yes

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

Treating Doctor Signature with Stamp
