

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

28). Intracranial Arterial And Venous Stenting: M15W1.31

1. Name of the Procedure: Intracranial Arterial And Venous Stenting
2. Indications: Failed optimum medical management (control hypertension, diabetes, de addiction, statins, anti platelets) with recurrent TIAS/ strokes in cases of moderate to severe (> 70%) stenosis
3. Does the patient presented with hemiparesis, aphasia, dyarthria, loss of consciousness, cranial nerve palsy: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- CBC, PT INR, Creatinine, MRI/ CT- Angiogram: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Renal insufficiency: Yes/No
  - b. Contrast allergy: Yes/No
  - c. Uncorrectable coagulopathy: Yes/No

For Eligibility for Intracranial Arterial And Venous Stenting the answer to question 5a, 5b & 5c must be No

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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