

NAME OF THE HOSPITAL: _____

4. Rapidly Progressive Renal Failure (RPRF) 10 Days: M8T2.4

1. Name of the Procedure: Rapidly Progressive Renal Failure (RPRF) 10 Days
2. Does the patient has short history (days to weeks): Yes/No
3. If the answer to question 2 is yes, then is the patient having evidence of rising renal function demonstrated on RFT: Yes/No (Upload RFT report)
4. If the answer to question 3 is Yes, then perform Urine RE/ME and USG KUB: Yes/No (Upload Urine RE/ME and USG KUB)

For eligibility for Rapidly Progressive Renal Failure 10 days stay the answer to question 4 should be Yes & kidney size should be near normal.

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

Treating Doctor Signature with Stamp
