

NAME OF THE HOSPITAL: _____

6. Maintenance Haemodialysis for CRF - Dialysis and supportive therapy (Minimum of 8 Dialysis+monthly Dialysis Panel) - Per Month: M8T2.6

1. Name of the Procedure: Maintenance Haemodialysis for CRF-Dialysis and supportive therapy
2. Does the patient has raised Urea Creatinine levels: Yes/No (Upload Urea and Creatinine Report)

3. If the answer to question 2 is yes then is the patient having following evidence on USG

Abdomen and KUB:

- a) Small size Kidney (Less than 9cms): Yes/No

AND/OR

- b) Enlarged Kidney with multiple cysts/ obstruction: Yes/No

AND/OR

- c) Normal size kidneys in case of long standing diabetes/hypertension: Yes/No

4. If the answer to questions 3a/3b/3c is Yes does the patient have symptoms of nausea/vomiting/difficulty in breathing/drowsiness/acidotic breathing/flaps: Yes/No

5. If the answer to question 4 is No, does this patient has raised serum urea and creatinine with eGFR< 10 ml/min: Yes/No (Upload reports)

For eligibility for Maintenance Haemodialysis for CRF - Dialysis and supportive therapy the answer to Question 4 OR 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
