

NAME OF THE HOSPITAL: _____

2). Optic Neuritis - Analysis 3 Days Stay: M9T3.10

1. Name of the Procedure: Optic Neuritis - Analysis 3 Days Stay
2. Indication: Optic Neuritis
3. Does the patient presented with diminution (decreased) vision in one or both the eyes:
Yes/No
4. If the answer to question 3 is Yes then is there evidence of Optic Neuritis documented through investigations like Visual Evoked Potential (Delayed P 100 latency), MRI Brain and optic nerves, CSF analysis: Yes/No (Upload reports)

For Eligibility for Optic Neuritis - Analysis 3 Days Stay the answer to question 4 must be YES

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

Treating Doctor Signature with Stamp
