

NAME OF THE HOSPITAL: _____

4). ADEM or Relapse In Multiple Sclerosis 15 Days Stay: M9T3.12

1. Name of the Procedure: ADEM or Relapse In Multiple Sclerosis 15 Days Stay
2. Indication: ADEM or Relapse In Multiple Sclerosis
3. Does the patient presented with acute onset vision loss/ other neurodeficit/ acute onset of altered sensorium: Yes/No
4. If the answer to question 3 is Yes then is there evidence of ADEM or relapse in Multiple Sclerosis documented through investigations like MRI Brain/Spinal cord – Plain/Contrast and CSF Analysis: Yes/No (Upload reports)

For Eligibility for ADEM or Relapse In Multiple Sclerosis 15 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
