

NAME OF THE HOSPITAL: _____

5). Haemorrhagic Stroke/Strokes Management with all necessary investigations including 4-vessel cerebral angio (DSA), & Surgery if necessary: M9T3.2

1. Name of the Procedure: Haemorrhagic Stroke/Strokes Management with all necessary investigations including 4 - vessel cerebral angio (DSA), & Surgery if necessary
2. Indication: Haemorrhagic Stroke/ Strokes
3. Does the patient presented with acute onset neurodeficits/ seizure/ altered sensorium:
Yes/No
4. If the answer to question 3 is Yes is there evidence of Haemorrhagic stroke on CT-Brain/
MRI Brain: Yes/No (Upload reports)

(CT/MRI Angiography and or Venography – Optional)

For Eligibility for Haemorrhagic Stroke/Strokes Management 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
