

NAME OF THE HOSPITAL: \_\_\_\_\_

6). Ischemic Strokes - Management with all necessary investigations including 4 - vessel cerebral angio (DSA), & Surgery if necessary: M9T3.3

1. Name of the Procedure: Ischemic Strokes - Management with all necessary investigations including 4 - vessel cerebral angio (DSA), & Surgery if necessary
2. Indication: Ischemic Strokes
3. Does the patient presented with acute onset neurodeficit: Yes/No
4. If the answer to question 3 is Yes then is there evidence of acute infarct on CT Brain/ MRI Brain: Yes / No (Upload report)  
  
(Carotid Vertebral Doppler study/ CT or MR Angiography– Optional)

For Eligibility for Ischemic 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

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