

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

7). Acquired Myopathies, 15 Days Stay: M9T3.4

1. Name of the Procedure: Acquired Myopathies, 15 Days Stay
2. Indication: Myopathies - Acquired
3. Does the patient presented with progressive proximal muscle weakness in lower limbs/  
upper limbs/ distal weakness/ muscles wasting/ few muscle hypertrophy/ pain, cramps  
& aches: Yes/No
4. If the answer to question 3 is Yes then is there evidence of Acquired Myopathies  
documented through investigations like:
  - a. Elevated Serum Creatine phosphokinase (CPK): Yes/ No (Upload report)
  - b. EMG showing spontaneous activity and myopathic MUAP's: Yes/ No (Upload report)
  - c. Muscle biopsy showing inflammatory cells: Yes/ No (Upload report)
5. If the answer to 4a OR 4b OR 4c is yes are the following test for endocrine evaluation  
(T3, T4, TSH, Vitamin-D) being done: Yes/ No (Upload reports)  
(ANA, ANA Blot in certain cases – Optional)

For Eligibility for Acquired Myopathies, 15 Days Stay the answer to question 5 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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