

NAME OF THE HOSPITAL: _____

10). Neuroinfections - Viral Meningoencephalitis (Including Herpes Encephalitis) - Min 10 Days - ICU, 7 Days - Ward Stay: M9T3.7

1. Name of the Procedure: Neuroinfections - Viral Meningoencephalitis (Including Herpes Encephalitis) - Min 10 Days - ICU, 7 Days - Ward Stay
2. Indication: Neuroinfections - Viral Meningoencephalitis (Including Herpes Encephalitis)
3. Does the patient presented with fever/ altered level of consciousness/ focul or diffuse neurological signs & symptoms/ seizures/ hallucinations/ personality changes/ behavioural disorders: Yes/No
4. If the answer to question 3 is Yes then is there evidence of Viral Meningoencephalitis documented through investigations like CT/ MRI Brain AND CSF analysis showing lymphocytic pleocytosis, mildly elevated proteins, normal glucose concentration: Yes/No (Upload reports)

(CSF PCR and EEG – Optional)

For Eligibility for Neuroinfections - Viral Meningoencephalitis (Including Herpes Encephalitis) - Min 10 Days - ICU, 7 Days - Ward 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
