

NAME OF THE HOSPITAL: _____

11). Neuromuscular (Myasthenia Gravis) - 15 Days Stay: M9T3.8

1. Name of the Procedure: Neuromuscular (Myasthenia Gravis)
2. Indication: Neuromuscular (Myasthenia Gravis)
3. Does the patient presented with fluctuating fatiguable weakness, ptosis, diplopia, bulbar symptoms, respiratory difficulty: Yes/No
4. If the answer to question 3 is Yes then is there evidence of decremental response on repetitive nerve conduction studies: Yes/ No (Upload report)

(Test for Acetyl choline receptor antibodies may be positive – Optional)
5. If the answer to question 4 is Yes is there evidence of Myasthenia documented through investigations like CT chest/ Neostigmine test/ thyroid profile: Yes/No (Upload report)

For Eligibility for Neuromuscular (Myasthenia Gravis) 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
