NAME OF THE HOSPITAL: _____

- 9). Temporal Lobectomy: S10I10.1
 - 1. Name of the Procedure: Temporal Lobectomy
 - 2. Indication: Recurrent, unprovoked epileptic seizures which originates from temporal lobe may be due to brain injury/ Encephalitis/ Meningitis/ Post brain tumour excision
 - 3. Does the patient presented with simple & complex partial seizures, generalized tonic clonic convulsion: Yes/No
 - 4. If the answer to question 3 is Yes then are the following tests being done CT Scan/ MRI brain, Multiple EEG, Psychologic assessment: Yes/No (Upload reports) For Eligibility for Temporal Lobectomy 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