

NAME OF THE HOSPITAL: _____

10). Lesionectomy Type 1: S10I10.2

1. Name of the Procedure: Lesionectomy Type 1
2. Indication: Movement Disorders/ Involuntary movements
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, EEG, Psychologic assessment: Yes/No (Upload reports)
For Eligibility for Lesionectomy Type 1 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
