

NAME OF THE HOSPITAL: _____

11). Lesionectomy Type 2: S10I10.3

1. Name of the Procedure: Lesionectomy Type 2
2. Indication: Localized lesion in brain causing seizures/ Seizures that cant be managed with epilepsy treatment/ Lesions that may have to be removed to prevent further complications of human behavior & personality disorders
3. Does the patient presented with generalized tonic clonic convulsion, focal seizures, violent behavior, schizophrenia, personality disorders: 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 & 2 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
