

NAME OF THE HOSPITAL: _____

12). Temporal Lobectomy Plus Depth Electrodes: S10I10.4

1. Name of the Procedure: Temporal Lobectomy Plus Depth Electrodes

2. Indication: Recurrent, unprovoked epileptic seizure

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 Plus Depth Electrodes 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
