

NAME OF THE HOSPITAL: _____

14). Micro Vascular Decompression: S10I11.2

1. Name of the Procedure: Micro Vascular Decompression

2. Indication: Trigeminal Neuralgia

3. Does the patient presented with severe episodes of intense facial pain & hemifacial spasm: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - MRI, MRI Angio: Yes/No (Upload reports)

For Eligibility for Micro Vascular Decompression 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
