

NAME OF THE HOSPITAL: _____

4). Excision Of Lobe (Frontal, Temporal, Cerebellum Etc.): S10I1.4

1. Name of the Procedure: Excision Of Lobe (Frontal, Temporal, Cerebellum Etc.)

2. Indication: Traumatic brain injuries/ All types of accidents

3. Does the patient presented with unconsciousness, altered sensorium: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - CT Scan/ MRI brain, CBC, RFT, LFT, ECG, Chest X ray, Coagulation Profile: Yes/No (Upload reports)

For Eligibility for Excision Of Lobe (Frontal, Temporal, Cerebellum Etc.) 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
