

NAME OF THE HOSPITAL: _____

5). Endoscopy Procedures: S10I1.5

1. Name of the Procedure: Endoscopy Procedures
2. Indication: Pituitary microadenoma/ CSF rhinorrhoea/ Pituitary tumors
3. Does the patient presented with headcahe/ vomiting /blurring of vision, drowsiness, unconsciousness, headache, convulsion, CSF rhinorrhoea: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - MRI brain, CSF, Endocrine hormonal levels, Coagulation Profile, Relevant biochemical investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of
 - a. Meningitis: Yes/No
 - b. Septicemia: Yes/No

For Eligibility for Endoscopy Procedures the answer to questions 5a & 5b must be NO

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
