

NAME OF THE HOSPITAL: \_\_\_\_\_

8). Endoscopic Third Ventriculostomy: S10I1.8

1. Name of the Procedure: Endoscopic Third Ventriculostomy
2. Indication: Hydrocephalous/ Normal Pressure Hydrocephalus (NPH)
3. Does the patient presented with headache, vomiting, increased skull circumference (in pediatrics), sunset sign, altered sensorium: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - CT Scan/ MRI brain: Yes/No (Upload reports)

For Eligibility for Endoscopic Third Ventriculostomy 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

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