

NAME OF THE HOSPITAL: _____

19). Excision Of Brain Abscess: S10I2.11

1. Name of the Procedure: Excision Of Brain Abscess
2. Indication: Brain Abscess causing persistent vomiting, headache, convulsion
3. Does the patient presented with fever, severe headache, convulsion, drowsiness, comatous state, hemiparesis, confusion: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - CT/ MRI: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of
 - a. Meningitis: Yes/No
 - b. Compromised immune system: Yes/No
 - c. On immunosuppressant drugs: Yes/No

For Eligibility for Excision Of Brain Abscess the answer to questions 5a, 5b & 5c must be NO

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

Treating Doctor Signature with Stamp
