

NAME OF THE HOSPITAL: _____

29). Meningocele Excision: S10I2.9

1. Name of the Procedure: Meningocele Excision
2. Indication: Meningocele
3. Does the patient presented with lump in back, paraparesis, severe headache, severe vomiting, stiffness of neck, giddiness, bladder bowel syndrome: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - MRI brain/spine, relevant heamatological investigations: Yes/No (Upload reports)
For Eligibility for Meningocele Excision the answer to questions 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
