

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

30). Other Procedures: S10I3.1

1. Name of the Procedure: Other Procedures (Excision Of Brain Tumours)
2. Indication: Brain Tumour causing increased intracranial pressure, vomiting, convulsion
3. Does the patient presented with headache, giddiness, generalized tonic clonic convulsions, neurological deficit/ altered sensorium/ diplopia: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - MRI/ CT brain, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of coagulopathies: Yes/No

For Eligibility for Other Procedures (Excision Of Brain Tumours) the answer to question 5 must be NO

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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