

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

32). Excision Of Brain Tumours Subtentorial: S10I3.2

1. Name of the Procedure: Excision Of Brain Tumours Subtentorial

2. Indication: Brain Tumours Subtentorial

3. Does the patient presented with severe ataxia, headache, giddiness, convulsion: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - CT brain:

Yes/No (Upload reports)

For Eligibility for Excision Of Brain Tumours Subtentorial 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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