

NAME OF THE HOSPITAL: _____

33). Ventriculolateral / Ventriculoperitoneal Shunt: S10I3.3

1. Name of the Procedure: Ventriculolateral / Ventriculoperitoneal Shunt

2. Indication: Hydrocephalus

3. Does the patient presented with dementia, incontinence of urine, imbalance while walking: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - MRI brain, CSF examination, relevant heamatological investigations: Yes/No (Upload reports)

For Eligibility for Ventriculolateral / Ventriculoperitoneal Shunt 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
