

NAME OF THE HOSPITAL: _____

35). Subdural Tapping: S10I3.5

1. Name of the Procedure: Twist Drill Craniotomy
2. Indication: Acute or chronic subdural hematoma
3. Does the patient presented with gradually increasing headache, fluctuating level of consciousness, irritability, dizziness, disorientation, vomiting, slurred speech, ataxia:
Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - CT brain, relevant heamatological 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 Twist Drill Craniotomy 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
