

NAME OF THE HOSPITAL: _____

36). Ventricular Tapping: S10I3.6

1. Name of the Procedure: Ventricular Tapping
2. Indication: Ventricular Tapping
3. Does the patient presented with severe headache, giddiness, seizure disorder, vomiting, drowsiness: 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)
For Eligibility for Ventricular Tapping 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
