

NAME OF THE HOSPITAL: _____

38). Vascular Malformations: S10I3.8

1. Name of the Procedure: Vascular Malformations
2. Indication: Seizures, Intra-cerebral haemorrhage
3. Does the patient presented with seizures, headache, neurological problems like learning disorders or ischemia, lack of oxygen affects muscle control, vision, speech: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - MRI/ CT/ DSA/ Angiogram: Yes/No (Upload reports)
For Eligibility for Vascular Malformations 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
