

NAME OF THE HOSPITAL: _____

45). Spina Bifida Surgery Major: S10I5.3

1. Name of the Procedure: Spina Bifida Surgery Major
2. Indication: Neural tube defect/ Spina bifida/ Myelomeningocele
3. Does the patient presented with muscle weakness of legs, bowel & bladder problems, seizures, orthopedic problems: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - MRI whole Spine: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of hemorrhagic disorders: Yes/No
For Eligibility for Spina Bifida Surgery Major 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
