NAME OF THE HOSPITAL: _____

53). Trans Sphenoidal Surgery: S10I6.2

1. Name of the Procedure: Trans Sphenoidal Surgery

2. Indication: Tumors of pituitary gland/ Sellar region tumors/ Tumors of sphenoid sinus/ Pituitary adenoma/ Craniopharyngioma/ Rathke's cleft cyst/ Chordoma

3. Does the patient presented with visual defect, endocrine defect: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - MRI/ CT brain, Endocrine assays: Yes/No (Upload reports)
   For Eligibility for Trans Sphenoidal Surgery 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

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