

NAME OF THE HOSPITAL: _____

54). Trans Oral Surgery: S10I6.3

1. Name of the Procedure: Trans Oral Surgery
 2. Indication: Basilar Invagination
 3. Does the patient presented with neurodeficit: Yes/No
 4. If the answer to question 3 is Yes then are the following tests being done - CT/ MRI brain/ cervical spine, X ray: Yes/No (Upload reports)
 5. If the answer to question 4 is Yes then is there evidence of Oral Malignancy: Yes/No
- For Eligibility for Trans Oral Surgery 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
