

NAME OF THE HOSPITAL: _____

61). Syringomyelia: S10I8.5

1. Name of the Procedure: Syringomyelia

2. Indication: Syringomyelia

3. Does the patient presented with chronic severe pain, tingling sensation, numbness, paralysis/paresis, vocal cord paralysis: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - MRI spine, X-ray: Yes/No (Upload reports)

For Eligibility for Syringomyelia 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
