

NAME OF THE HOSPITAL: \_\_\_\_\_

62). Repair Of Brachial Plexus Injury: S10I9.1

1. Name of the Procedure: Repair Of Brachial Plexus Injury
2. Indication: Brachial Plexus Injury with soft tissue injury
3. Does the patient presented with paraparesis of upper limb with flexor & extensor muscle weakness: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - MRI, relevant hematological investigations, EMG & Nerve Conduction studies: Yes/No (Upload reports)

For Eligibility for Repair Of Brachial Plexus Injury 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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