

NAME OF THE HOSPITAL: _____

64). Peripheral Nerve Injury Repair: S10I9.5

1. Name of the Procedure: Peripheral Nerve Injury Repair
2. Indication: Peripheral Nerve Injury due to infection or trauma
3. Does the patient presented with signs & symptoms depending on the nerve: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - EMG, nerve conduction: Yes/No (Upload reports)
For Eligibility for Peripheral Nerve Injury Repair 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
