

NAME OF THE HOSPITAL: _____

1). Labyrinthectomy: S2B1.1

1. Name of the Procedure: Labyrinthectomy

2. Indications: Total destruction of both cochlear and Vestibular function/ Vertigo from meniere's disease/ Patient whose disabling vertigo fails to respond to appropriate medical therapy/ Vertigo with dead ear

3. Does the patient presented with vertigo, hearing loss, tinnitus, sense of fullness or pressure in ear: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- CT Scan/ Speech audiometry test/ Electrocochleography/ Pure tone audiometry (PTA): Yes/No (Upload reports)

For Eligibility for Labyrinthectomy 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
