

NAME OF THE HOSPITAL: _____

1). Uncontrolled Diabetes Mellitus with Lower Respiratory Tract Infection 10 days stay:

M13U1.1

1. Name of the Procedure: Uncontrolled Diabetes Mellitus with Lower Respiratory Tract Infection 10 days stay
2. Indication: Lower Respiratory Tract Infection
3. Does the patient with Random Blood Sugar more than 200mg/dl presented with cough and dyspnea: Yes/No (Upload Random BSL Report)
4. If the answer to question 3 is Yes, then is the Chest X-Ray suggestive of consolidation or bilateral fluffy shadows: Yes/No (Upload X-Ray chest report)

For Eligibility for Uncontrolled Diabetes Mellitus with Lower Respiratory Tract Infection 10 days stay the answer to question 4 should be yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

2). Uncontrolled Diabetes Mellitus with Fungal Sinusitis PNS 10 days stay: M13U1.2

1. Name of the Procedure: Uncontrolled Diabetes Mellitus with Fungal Sinusitis PNS 10 days stay
2. Indication: Fungal Sinusitis
3. Does the patient with Random Blood Sugar more than 200mg/dl presented with nasal discharge and epistaxis: Yes/No (Upload Random BSL Report)
4. If the answer to question 3 is Yes, then is the X-Ray PNS suggestive of maxillary sinus haziness / CT PNS suggestive of pus in the maxillary sinus: Yes/No (Upload X-Ray PNS/ CT PNS report)
5. If the answer to question 4 is Yes is the fungal staining of scrapings showing positive evidence of fungi: Yes/No (Upload report)

For Eligibility for Uncontrolled Diabetes Mellitus with Fungal Sinusitis PNS 10 days stay the answer to question 5 should be yes

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NAME OF THE HOSPITAL: _____

3). Uncontrolled Diabetes Mellitus with Cholecystitis Abdomen 10 days stay: M13U1.3

1. Name of the Procedure: Uncontrolled Diabetes Mellitus with Cholecystitis Abdomen 10 days stay
2. Indication: Cholecystitis
3. Does the patient with Random Blood Sugar more than 200mg/dl presented with Pain, Fever and Jaundice associated with tenderness at tip of 9th coastal cartilage: Yes/No (Upload Random BSL Report)
4. If the answer to question 3 is Yes is there evidence of Abnormal LFT: Yes/No (Upload LFT report)
5. If the answer to question 4 is Yes, then is the USG/CT Abdomen suggestive of distended gall bladder with peri gall bladder collection: Yes/No (Upload USG/CT abdomen report)

For Eligibility for Uncontrolled Diabetes Mellitus with Cholecystitis Abdomen 10 days stay the answer to question 5 should be yes

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NAME OF THE HOSPITAL: _____

4). Uncontrolled Diabetes Mellitus with Cavernous Sinus Thrombosis 10 days stay: M13U1.4

1. Name of the Procedure: Uncontrolled Diabetes Mellitus with Cavernous Sinus Thrombosis 10 days stay
2. Indication: Cavernous Sinus Thrombosis
3. Does the patient with Random Blood Sugar more than 200mg/dl presented with Headache, Proptosis and Diplopia: Yes/No (Upload Random BSL Report)
4. If the answer to question 3 is Yes, then is the CT Brain (Plain+Contrast) / MR venography suggestive of Cavernous sinus thrombosis: Yes/No (Upload CT Brain (Plain+Contrast) / MR venography report)

For Eligibility for Uncontrolled Diabetes Mellitus with Cavernous Sinus Thrombosis Abdomen 10 days stay the answer to question 4 should be yes

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NAME OF THE HOSPITAL: _____

5). Uncontrolled Diabetes Mellitus with Rinocerebral Mucormycosis 10 days stay: M13U1.5

1. Name of the Procedure: Uncontrolled Diabetes Mellitus with Rinocerebral Mucormycosis 10 days stay
2. Indication: Rinocerebral Mucormycosis
3. Does the patient with Random Blood Sugar more than 200mg/dl presented with Epistaxis and Palatal gangrene: Yes/No (Upload Random BSL Report)
4. If the answer to question 3 is Yes, then is the CT Orbit and Sinuses (Plain+Contrast)/ MRI suggestive of Rinocerebral mucormycosis: Yes/No (Upload CT Orbit and Sinuses (Plain+Contrast)/ MRI report)

For Eligibility for Uncontrolled Diabetes Mellitus with Rinocerebral Mucormycosis 10 days stay the answer to question 4 should be yes

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NAME OF THE HOSPITAL: _____

6). Hypopituitarism 1 week stay: M13U1.6

1. Name of the Procedure: Hypopituitarism 1 week stay
2. Indication: Hypopituitarism
3. Does the patient presented with Stunted growth, delayed bone age and absence of Secondary Sexual Characters: Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes, then is the Hormonal assay like IGF1, LH, FSH, Testosterone, Prolactin, T3, T4, TSH, Basal Cortisol done: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the MRI/CT brain for pituitary visualization suggestive of the abnormality: Yes/No (Upload reports)
6. If the answer to question 5 is Yes, then is the Hypopituitarism studies suggestive of pituitary abnormality: Yes/No (Upload Hypopituitarism study report)--Optional

For Eligibility for Hypopituitarism 1 week stay the answer to question 5 should be Yes.

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NAME OF THE HOSPITAL: _____

7). Uncontrolled Diabetes Mellitus with Pyelonephritis 10 days stay: M13U2.4

1. Name of the Procedure: Uncontrolled Diabetes Mellitus with Pyelonephritis 10 days stay
2. Indication: Pyelonephritis
3. Does the patient with Random Blood Sugar more than 200mg/dl presented with Nausea, Vomiting, Fever and Flank pain: Yes/No (Upload Random BSL Report)
4. If the answer to question 3 is Yes, then is the Urine examination suggestive of UTI: Yes/No (Upload Urine R/M report)
5. If the answer to question 4 is Yes, then is X-ray KUB and USG Abdomen done to r/o associated renal abnormalities: Yes/No (Upload X-ray KUB and USG abdomen reports) (90% patients will not have any abnormality)

For Eligibility for Uncontrolled Diabetes Mellitus with Pyelonephritis 10 days stay the answer to question 5 should be yes

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NAME OF THE HOSPITAL: _____

8). Pituitary-Acromegaly 1 week stay : M13U2.1

1. Name of the Procedure: Pituitary Acromegaly 1 week stay
2. Indication: Acromegaly
3. Does the patient presented with Spade hands, spade feet, protruding jaw, abnormal body proportions: Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes, then is the IGF1 and post glucose growth hormone assay suggestive of Acromegaly: Yes/No (Upload GH Assay report)
5. If the answer to question 4 is Yes, then is the MRI of the pituitary area suggestive of the cause for Acromegaly : Yes/No (Upload MRI report)

For Eligibility for Pituitary Acromegaly 1 week stay the answer to question 5 should be Yes.

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NAME OF THE HOSPITAL: _____

9). Cushing's Syndrome : M13U2.2

1. Name of the Procedure: Cushing's Syndrome
2. Indication: Cushing's Syndrome
3. Does the patient presented with Obesity, Hypertension, Diabetes Mellitus and Striae: Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes, then is the overnight dexamethasone suppressed Cortisol estimation suggestive of Cushing's Syndrome: Yes/No (Upload Cortisol estimation report)
5. If the answer to question 4 is Yes, then is the MRI Head suggestive of Cushing's syndrome: Yes/No (Upload reports)

For Eligibility for Cushing's Syndrome the answer to question 5 should be Yes.

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NAME OF THE HOSPITAL: _____

**10). Delayed Puberty Hypogonadism (Ex. Turners Synd, Klinefelter Synd) 5 Days Stay:
M13U2.3**

1. Name of the Procedure: Delayed Puberty Hypogonadism (Ex. Turners Synd, Klinefelter Synd) 5 Days Stay
2. Indication: Delayed puberty hypogonadism
3. Does the patient presented with stunted growth, delayed bone age and absence of Secondary Sexual Characters: Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes, then is the Hormonal assay like LH, FSH, Testosterone, Prolactin, T3, T4, TSH, Basal Cortisol & IGF1 done: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the MRI/CT brain for pituitary visualization suggestive of the abnormality : Yes/No (Upload reports)
6. If the answer to question 5 is Yes, then is the Chromosomal study suggestive of Genetic Syndromes (Ex. Turners Synd, Klinefelter Synd): Yes/No (Upload Chromosomal study report)—Optional

For Eligibility for Delayed Puberty Hypogonadism (Ex. Turners Synd, Klinefelter Synd) 5 Days Stay the answer to question 5 should be Yes.

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