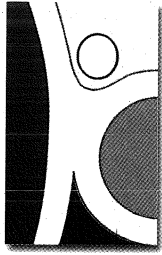




مستشفى الملك فيصل التخصصي  
ومركز الأبحاث  
King Faisal Specialist Hospital  
& Research Center



برنامج  
الإضطرابات الحركية  
Movement Disorders  
Program

الرمز الداخلي # ٧٦  
قسم العلوم العصبية  
ص.ب. ٣٣٥٤  
الرياض ١١٢١١  
المملكة العربية السعودية  
هاتف: ٤٦٤٧٢٧٢ - ٠١ ( ٣٢٩٧٥ )  
فاكس: ٤٤٢٤٧٦٣ - ٠١

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## Movement Disorders Surgery Note

Name: ..... MRN: .....  
Sex: ..... DOB ..... Age: .....  
**Date:** .....

Primary Diagnosis: .....  
Admission Date: ..... Discharge Date : .....  
Surgery Date: ..... Internalization Date: .....  
Type Of Surgery: DBS / Lesioning / Baclofen Pump , other .....  
Target: STN / GPi / Thalamus , other .....  
Site: Bilateral / Rt / Lt  
Used Devices : Solettra / Itrel II / Kinetra / Synchronmed , Other .....

AC: X = ....., Y = ....., Z = .....  
PC: X = ....., Y = ....., Z = .....  
Target - Rt. (Direct): X = ....., Y = ....., Z = .....  
Target - Lt. (Direct): X = ....., Y = ....., Z = .....  
Target - Rt. (Radionics): X = ....., Y = ....., Z = .....  
Target - Lt. (Radionics): X = ....., Y = ....., Z = .....  
Target - Rt. (Final): X = ....., Y = ....., Z = .....  
Target - Lt. (Final): X = ....., Y = ....., Z = .....

Microelectrode Recording ( Yes / No )

Rt.: .....  
.....  
Lt.: .....

MicroStimulation ( Yes / No )

Rt.: .....  
.....  
Lt.: .....

MacroStimulation ( Yes / No )

Rt.: .....  
.....  
Lt.: .....

Lesioning ( Yes / No )

Rt.: .....  
.....  
Lt.: .....

DBS ( Yes / No )

Rt.: .....  
.....  
Lt.: .....

**Complications** .....

**Comments:** .....

**Name:** ..... **Signature:** .....