



<b>HIV/AIDS wasting syndrome ICD code and description .....</b>
<b>Kindly provide the following</b>
<ul style="list-style-type: none"> <li>➤ Weight loss percentage from base line ..... %</li> <li>➤ Patient is currently on anti-viral drugs Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>

**III. Please fill the following section for patients age >18 years old**

<b>Medical Assessment And Diagnostic Testing</b>
<b>Growth Hormone Deficiency (GHD) ICD10 code .....</b>
<p><b>C- Laboratory tests*</b></p> <p>1- Growth hormone stimulation test (arginine, glucagon, insulin)</p> <ul style="list-style-type: none"> <li>- Date .....</li> <li>- Test value .....</li> <li>- Reference range as per the testing lab .....</li> </ul> <p>2- IGF-1 and IFG-PB3 test</p> <ul style="list-style-type: none"> <li>- Date .....</li> <li>- Test value.....</li> <li>- Reference range for age and gender .....</li> </ul> <p><i>*Kindly provide a copy of either laboratory test results</i></p>
<b>HIV/AIDS wasting syndrome ICD code and description .....</b>
<b>Kindly provide the following</b>
<ul style="list-style-type: none"> <li>➤ Weight loss percentage from base line ..... %</li> <li>➤ Patient is currently on anti-viral drugs Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>