

NAME OF THE HOSPITAL: \_\_\_\_\_

21). Percutaneous Vertebro Plasty/ Cementoplasty (For Each Level) Post Procedure Evidence Of Clinical Photograph And Radiographic Image: M15W1.25

1. Name of the Procedure: Percutaneous Vertebro Plasty/ Cementoplasty (For Each Level)  
Post Procedure Evidence Of Clinical Photograph And Radiographic Image
2. Indications: Select indication which is applicable  
Osteoporosis/ Primary tumors/ Metastasis (osteolytic)/ Painful aggressive hemangioma alone or in conjunction with alcohol ablation/ Trauma
3. Does the patient presented with backache, neuro deficits: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- CT/ MRI:  
Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Breach in the posterior cortex of the vertebral body: Yes/No
  - b. Epidural extension: Yes/No
  - c. Vertebra plana: Yes/No
  - d. Uncorrectable coagulopathy: Yes/No

For Eligibility for Percutaneous Vertebro Plasty/ Cementoplasty (For Each Level) Post Procedure Evidence Of Clinical Photograph And Radiographic Image the answer to question 5a, 5b, 5c & 5d must be No

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

Treating Doctor Signature with Stamp

\_\_\_\_\_