

NAME OF THE HOSPITAL: _____

50). Anterior Cervical Spine Surgery With Fusion: S10I5.8

1. Name of the Procedure: Anterior Cervical Spine Surgery With Fusion
2. Indication: Surgery has been done to remove herniation or degenerative disc in cervical area
3. Does the patient presented with severe cervical radiating pain, tingling, numbness & weakness of both upper limbs: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - MRI/ CT Cervical spine, X ray cervical spine: Yes/No (Upload reports)

For Eligibility for Anterior Cervical Spine Surgery With Fusion 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
