

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

55). Combined Trans Oral Surgery And CV Junction Fusion: S10I6.4

1. Name of the Procedure: Combined Trans Oral Surgery And CV Junction Fusion
2. Indication: Management of congenital atlanto-axial dislocation
3. Does the patient presented with pyramidal sign (weakness & spasticity), stigmata of craniovertebral junction, restricted neck movements, torticollis: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - MRI cervical spine, X ray: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of
  - a. Active naso-oral bleeding: Yes/No
  - b. Oral Ca: Yes/No

For Eligibility for Combined Trans Oral Surgery And CV Junction Fusion the answer to questions 5a & 5b must be NO

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

Treating Doctor Signature with Stamp

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