

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

57). Anterior Discectomy & Bone Grafting: S10I8.1

1. Name of the Procedure: Anterior Discectomy & Bone Grafting
2. Indication: Surgical procedure for patient suffering from pain & neurological deficits/  
Unresponsive to conservative management/ Cervical arthrodesis
3. Does the patient presented with severe cervical pain: 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)

For Eligibility for Anterior Discectomy & Bone Grafting 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

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