

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

58). Discectomy With Implants: S10I8.2

1. Name of the Procedure: Discectomy With Implants
2. Indication: Disc herniation not responding to conservative management
3. Does the patient presented with pain, weakness & numbness in both lower limb: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - MRI LS spine,  
X ray: Yes/No (Upload reports)  
For Eligibility for Discectomy With Implants 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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