

NAME OF THE HOSPITAL: _____

59). Corpectomy For Spinal Fixation: S1018.3

1. Name of the Procedure: Corpectomy For Spinal Fixation
2. Indication: Spinal fracture/ Spinal tumor/ Infection causing compression of spinal cord & nerves
3. Does the patient presented with pain, tingling, numbness & weakness in lower or upper limbs: 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)
5. If the answer to question 4 is Yes then is there evidence of Osteoporosis: Yes/No

For Eligibility for Corpectomy For Spinal Fixation the answer to question 5 must be NO

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

Treating Doctor Signature with Stamp
