

NAME OF THE HOSPITAL: _____

60). Spinal Fixation Rods And Plates, Artificial Discs: S10I8.4

1. Name of the Procedure: Corpectomy For Spinal Fixation
2. Indication: Degenrative disc disease/ Spondylolisthesis/ Scoliosis or other spinal deformities/ Trauma to spine/ Spinal tumors
3. Does the patient presented with severe pain, tingling, numbness or weakness in extremity, Bladder or bowel involvement: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - MRI spine, X ray: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of
 - a. Brittle bone: Yes/No
 - b. Vitamin D deficiency: Yes/No
 - c. Unstable support: Yes/No
 - d. Coagulopathies: Yes/No

For Eligibility for Corpectomy For Spinal Fixation the answer to questions 5a, 5b, 5c & 5d must be NO

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

Treating Doctor Signature with Stamp
