

NAME OF THE HOSPITAL: _____

63). Decompression/Excision Of Optic Nerve Lesions: S10I9.4

1. Name of the Procedure: Decompression/Excision Of Optic Nerve Lesions
2. Indication: Traumatic eye hematoma/ Loss of vision with orbital bone fracture
3. Does the patient presented with head injury with eye hematoma, optic nerve injury, orbital bone fracture: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - MRI brain with orbit, relevant hematological investigations: Yes/No (Upload reports)

For Eligibility for Decompression/Excision Of Optic Nerve Lesions 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
