

NAME OF THE HOSPITAL: _____

65). Proptosis: S10I9.6

1. Name of the Procedure: Proptosis

2. Indication: Proptosis

3. Does the patient presented with neurodeficit: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - MRI brain with orbit: Yes/No (Upload reports)

For Eligibility for Proptosis 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
