

NAME OF THE HOSPITAL: _____

7). Microlaryngeal Surgery: S2B2.1

1. Name of the Procedure: Microlaryngeal Surgery

2. Indications:

Vocal Nodule
Vocal Cord Polyp
Vocal Cord Cyst
Laryngeal Papilloma
Laryngeal Carcinoma (For Biopsy)

3. Does the patient presented with hoarsness of voice, vocal fatigue, pain in neck on prolonged phonation: Yes/No

4. If the answer to question 3 is Yes then is there evidence of vocal nodule on Indirect Laryngoscopy/ Stroboscopy/ Nasolaryngo endoscopy under LA: Yes/No (Upload report/sketch)

5. If the answer to question 4 is Yes is there evidence of metastasis on X-Ray chest: Yes/No

For Eligibility for Microlaryngeal Surgery 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

NAME OF THE HOSPITAL: _____

8). Microlaryngeal Surgery: S2B2.1

1. Name of the Procedure: Microlaryngeal Surgery

2. Indications:

Vocal Nodule
Vocal Cord Polyp
Vocal Cord Cyst
Laryngeal Papilloma
Laryngeal Carcinoma (For Biopsy)

3. Does the patient presented with hoarsness of voice, dysphonia, stridor or intermittent choking: Yes/No

4. If the answer to question 3 is Yes then is there evidence of vocal cord polyp documented through investigations like Indirect Laryngoscopy/ Stroboscopy/ Nasolaryngo endoscopy: Yes/No (Upload report/sketch)

5. If the answer to question 4 is Yes is there evidence of metastasis on X-Ray chest: Yes/No

For Eligibility for Microlaryngeal Surgery the answer to question 5 must be No

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Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

9). Microlaryngeal Surgery: S2B2.1

1. Name of the Procedure: Microlaryngeal Surgery

2. Indications:

Vocal Nodule
Vocal Cord Polyp
Vocal Cord Cyst
Laryngeal Papilloma
Laryngeal Carcinoma (For Biopsy)

3. Does the patient presented with hoarseness of voice, dysphonia, cough, throat pain:
Yes/No

4. If the answer to question 3 is Yes then is there evidence of Vocal cord cyst on flexible
Nasolaryngo scopy/ Stroboscopy: Yes/No (Upload reports/sketch)
For Eligibility for Microlaryngeal Surgery the answer to question 4 must be YES

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Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

10). Microlaryngeal Surgery: S2B2.1

1. Name of the Procedure: Microlaryngeal Surgery

2. Indications:

Vocal Nodule
Vocal Cord Polyp
Vocal Cord Cyst
Laryngeal Papilloma
Laryngeal Carcinoma (For Biopsy)

3. Does the patient presented with hoarsness of voice, vocal fatigue, pain in neck on prolonged phonation, breathlessness/ difficulty in breathing: Yes/No

4. If the answer to question 3 is Yes then is there evidence of papilloma on Indirect Laryngoscopy/ Stroboscopy/ Nasolaryngo endoscopy under LA: Yes/No (Upload report/sketch)

5. If the answer to question 4 is Yes is there evidence of metastasis on X-Ray chest: Yes/No

For Eligibility for Microlaryngeal Surgery the answer to question 5 must be No

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Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

11). Microlaryngeal Surgery: S2B2.1

1. Name of the Procedure: Microlaryngeal Surgery

2. Indications: Laryngeal Carcinoma (For Biopsy)

Vocal Nodule
Vocal Cord Polyp
Vocal Cord Cyst
Laryngeal Papilloma
Laryngeal Carcinoma (For Biopsy)

3. Does the patient presented with hoarseness of voice, mass in neck, stridor, referred pain to ear, weight loss: Yes/No

4. If the answer to question 3 is Yes then is there evidence of suspected laryngeal carcinoma on flexible Nasolaryngo scopy/ Indirect Laryngoscopy: Yes/No (Upload report/ sketch)

For Eligibility for Microlaryngeal Surgery the answer to question 4 must be YES

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