NAME OF THE HOSPITAL:		

19). Excision Of Tumours In Pharynx: S2B2.4

1. Name of the Procedure: Excision Of Tumours In Pharynx

2. Indications:

Hypopharyngeal cancer (subsite of upper aerodigestive tract)	
Malignant tumors of the larynx and hypopharynx	
Malignant tumors of the postcricoid area (pyriform sinus, posterior hypopharyngeal wall	
comprise the hypopharynx)	
Benign tumors of the hypopharynx	
Nasopharyngeal carcinoma	
Solitary fibrous tumor of the hypopharynx	
Oropharynx (squamos cell carcinomas)	

- 3. Does the patient presented with dysphagia, pain or discomfort on swallowing, hemoptysis, hoarseness, mass in neck, weight loss, otalgia: Yes/No
- 4. If the answer to question 3 is Yes then is there evidence of Hypopharyngeal cancer documented through investigations like CT scan/ MRI scan/ Flexible Nasopharyngeal endoscopy, Biopsy: Yes/No (Upload reports)

For Eligibility for Excision Of Tumours In Pharynx 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

NAME OF THE HOSPITAL:		
20). Excision Of Tumours In Pharynx: S2B2.4		
1. Name of the Procedure: Excision Of Tumours In Pharynx		
2. Indications:		
Hypopharyngeal cancer (subsite of upper aerodigestive tract)		
Malignant tumors of the larynx and hypopharynx		
Malignant tumors of the postcricoid area (pyriform sinus, posterior hypopharyngeal wall comprise the hypopharynx)		
Benign tumors of the hypopharynx		
Nasopharyngeal carcinoma		
Solitary fibrous tumor of the hypopharynx		
Oropharynx (squamos cell carcinomas)		
 Does the patient presented with pain in throat, dysphagia, referred pain to ear, mass of lymph node in neck, hoarseness, stridor, pain on swallowing, dysphagia: Yes/No If the answer to question 3 is Yes then is there evidence of malignant tumor of the larynx and hypopharynx documented through investigations like CT scan/ MRI scan, Biopsy: Yes/No (Upload reports) For Eligibility for Excision Of Tumours In Pharynx 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		

NAME OF THE HOSPITAL:
21). Excision Of Tumours In Pharynx: S2B2.4
1. Name of the Procedure: Excision Of Tumours In Pharynx
2. Indications:
Hypopharyngeal cancer (subsite of upper aerodigestive tract) Malignant tumors of the larynx and hypopharynx Malignant tumors of the postcricoid area (pyriform sinus, posterior hypopharyngeal wall comprise the hypopharynx) Benign tumors of the hypopharynx Nasopharyngeal carcinoma Solitary fibrous tumor of the hypopharynx Oropharynx (squamos cell carcinomas)
3. Does the patient presented with pricking sensation on swallowing, referred pain to ear, pain on swallowing, dysphagia, hoarseness, weight loss, aphonia, sometimes hemoptysis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of Malignant tumors of the postcricoid area documented through investigations like CT scan/ MRI scan/ Fibreoptic Nasopharyngeal endoscopy, Biopsy: Yes/No (Upload reports)
For Eligibility for Excision Of Tumours In Pharynx 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

NAME OF THE HOSPITAL:
22). Excision Of Tumours In Pharynx: S2B2.4
1. Name of the Procedure: Excision Of Tumours In Pharynx
2. Indications:
Hypopharyngeal cancer (subsite of upper aerodigestive tract) Malignant tumors of the larynx and hypopharynx Malignant tumors of the postcricoid area (pyriform sinus, posterior hypopharyngeal wall comprise the hypopharynx) Benign tumors of the hypopharynx Nasopharyngeal carcinoma Solitary fibrous tumor of the hypopharynx Oropharynx (squamos cell carcinomas) 3. Does the patient presented with dysphagia, hoarseness, mass in neck: Yes/No 4. If the answer to question 3 is Yes then are the following tests being done- CT scan/ MRI scan/ Flexible Nasopharyngeal endoscopy, Biopsy: Yes/No (Upload reports) For Eligibility for Excision Of Tumours In Pharynx 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

NAME OF THE HOSPITAL:			
23). Excision Of Tumours In Pharynx: S2B2.4			
1. Name of the Procedure: Excision Of Tumours In Pharynx			
2. Indications:			
Hypopharyngeal cancer (subsite of upper aerodigestive tract)			
Malignant tumors of the larynx and hypopharynx			
Malignant tumors of the postcricoid area (pyriform sinus, posterior hypopharyngeal wall			
comprise the hypopharynx)			
Benign tumors of the hypopharynx			
Nasopharyngeal carcinoma			
Solitary fibrous tumor of the hypopharynx			
Oropharynx (squamos cell carcinomas)			
3. Does the patient presented with nasal obstruction, epistaxis, proptosis, otitis media, trismus, neck pain & stiffness, enlarged lymph node, cranial nerve III to XII palsy (except VII & VIII palsy): Yes/No			
 If the answer to question 3 is Yes then are the following tests being done- CT scan/ MRI scan/ Nasal endoscopy, FNAC of lymph node: Yes/No (Upload reports) 			
For Eligibility for Excision Of Tumours In Pharynx 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			

NAME OF THE HOSPITAL:		
24). Excision Of Tumours In Pharynx: S2B2.4		
1. Name of the Procedure: Excision Of Tumours In Pharynx		
2. Indications:		
Hypopharyngeal cancer (subsite of upper aerodigestive tract)		
Malignant tumors of the larynx and hypopharynx		
Malignant tumors of the postcricoid area (pyriform sinus, posterior hypopharyngeal w comprise the hypopharynx)		
Benign tumors of the hypopharynx		
Nasopharyngeal carcinoma		
Solitary fibrous tumor of the hypopharynx		
Oropharynx (squamos cell carcinomas)		
3. Does the patient presented with dysphagia, choking sensation, dysphonia: Yes/No		
4. If the answer to question 3 is Yes then are the following tests being done- CT scan/ Barium video fluoroscopic swallowing, FNAC: Yes/No (Upload reports)		
For Eligibility for Excision Of Tumours In Pharynx 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		

NAME OF THE HOSPITAL:
25). Excision Of Tumours In Pharynx: S2B2.4
1. Name of the Procedure: Excision Of Tumours In Pharynx

2. Indications:

Hypopharyngeal cancer (subsite of upper aerodigestive tract)	
Malignant tumors of the larynx and hypopharynx	
Malignant tumors of the postcricoid area (pyriform sinus, posterior hypopharyngeal wall	
comprise the hypopharynx)	
Benign tumors of the hypopharynx	
Nasopharyngeal carcinoma	
Solitary fibrous tumor of the hypopharynx	
Oropharynx (squamos cell carcinomas)	

- 3. Does the patient presented with soreness or discomfort in the throat, pain on swallowing or referred otalgia, dysphagia, trismus, 'plum in throat' voice, lymph node metastasis in the neck, hyponasal quality of voice: Yes/No
- 4. If the answer to question 3 is Yes then are the following tests being done- CT scan/ MRI scan, FNAC of lymph node: Yes/No (Upload reports)

For Eligibility for Excision Of Tumours In Pharynx 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
