

NAME OF THE HOSPITAL: _____

36). Endoscopic Sinus Surgery: S2B3.1

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with purulent nasal discharge, frontal & maxillary sinus tenderness, headache, nasal stuffiness, anosmia: Yes/No

4. If the answer to question 3 is Yes then is there evidence of Chronic sinusitis documented through investigations like X-ray Paranasal sinus/ CT scan (Para Nasal Sinus), Diagnostic Nasal Endoscopy: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery 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: _____

37). Endoscopic Sinus Surgery: S2B3.1

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with nasal obstruction, partial or total loss of sense of smell, headache, sneezing, watery nasal discharge, polypoidal mass protruding from nostril: Yes/No

4. If the answer to question 3 is Yes then is there evidence of Nasal polyposis documented through investigations like CT scan (Para Nasal Sinus), Diagnostic Nasal Endoscopy, Clinical photograph: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery 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: _____

38). Endoscopic Sinus Surgery: S2B3.1

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with H/O trauma, retro orbital pain, diplopia, peri-orbital swelling, restricted eye movement, headache: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- CT scan (Para Nasal Sinus)/ MRI scan, USG Orbit, photograph: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery 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: _____

39). Endoscopic Sinus Surgery: S2B3.1

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with watery nasal discharge, history of trauma, headache, anosmia, fever: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- CT cisternogram/ MRI cisternogram, B2 transferrin test, photograph: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery 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: _____

40). Endoscopic Sinus Surgery: S2B3.1

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with swelling, redness, pain, excess tears (epiphora): Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- X-ray PNS/ CT scan (Para Nasal Sinus), Diagnostic Nasal Endoscopy, photograph: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery 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: _____

41). Endoscopic Sinus Surgery: S2B3.1

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with nasal obstruction, mucopurulent secretion, frequent chronic epistaxis, hyposmia or anosmia, deafness, otalgia: Yes/No

4. If the answer to question 3 is Yes then is there evidence of Nasopharyngeal angiofibroma documented through CT scan (Para Nasal Sinus)/ MRI scan, Diagnostic Nasal Endoscopy, Carotid angiography: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery 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: _____

42). Endoscopic Sinus Surgery: S2B3.1

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with purulent nasal discharge, frontal or maxillary sinus tenderness, headache, nasal stuffiness or obstruction, anosmia: Yes/No

4. If the answer to question 3 is Yes then is there evidence of fungal sinusitis documented through investigations like X-ray PNS/ CT scan (PNS), Diagnostic Nasal Endoscopy: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery 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: _____

43). Endoscopic Sinus Surgery: S2B3.1

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with nasal stuffiness or obstruction, epistaxis, swelling of cheeks, facial paraesthesias, epiphora, trismus: Yes/No

4. If the answer to question 3 is Yes then is there evidence of maxillary tumor documented through investigations like CT scan (Para Nasal Sinus), Diagnostic Nasal Endoscopy, photograph: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery 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
