

NAME OF THE HOSPITAL: _____

44). Mastoidectomy: S2B3.2

1. Name of the Procedure: Mastoidectomy

2. Indication:

Coalescent Mastoiditis
Masked Mastoiditis
Sub periosteal mastoid abscess/fistula

3. Does the patient presented with pain, headache, otalgia, otorrhoea, deafness, mastoid tenderness, sagging of postero-superior wall: Yes/No

4. If the answer to question 3 is Yes then is there evidence of coalescent mastoiditis documented through investigations like X ray Mastoid/ CT scan temporal bone, Pure tone audiogram: Yes/No (Upload reports)

For Eligibility for Mastoidectomy 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: _____

45). Mastoidectomy: S2B3.2

1. Name of the Procedure: Mastoidectomy

2. Indication:

Coalescent Mastoiditis
Masked Mastoiditis
Sub periosteal mastoid abscess/fistula

3. Does the patient presented with pain, headache, otalgia, otorrhoea, deafness, mastoid tenderness, sagging of postero-superior wall of ear canal: Yes/No

4. If the answer to question 3 is Yes then is there evidence of mastoiditis documented through investigations like X ray Mastoid/ CT scan temporal bone, Pure tone audiogram: Yes/No (Upload reports)

For Eligibility for Mastoidectomy the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

46). Mastoidectomy: S2B3.2

1. Name of the Procedure: Mastoidectomy

2. Indication:

Coalescent Mastoiditis
Masked Mastoiditis
Sub periosteal mastoid abscess/fistula

3. Does the patient presented with post aural tenderness, swelling, fistula, foul smelling discharge from ear canal, decrease hearing, posterior superior sagging of ear canal, fever, headache : Yes/No

4. If the answer to question 3 is Yes then is there evidence of mastoid abscess/ fistula documented through investigations like X ray Mastoid/ CT scan temporal bone, Pure tone audiogram: Yes/No (Upload reports)

For Eligibility for Mastoidectomy the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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