

NAME OF THE HOSPITAL: _____

61). Endoscopic DCR: S2B3.7

1. Name of the Procedure: Endoscopic DCR

2. Indication: Epiphora caused by anatomical or functional lacrimal sac or nasolacrimal duct obstruction

| |
|---|
| Epiphora caused by anatomical or functional lacrimal sac or nasolacrimal duct obstruction |
| Chronic dacrocystitis |
| Lacrimal sac growth/ mass |

3. Does the patient presented with pain, swelling, redness over the lacrimal sac at medial canthus, tearing, crusting, fever: Yes/No (Upload Clinical photograph)

4. If the answer to question 3 is Yes then is there evidence of sinusitis on X-ray PNS:

Yes/No (Upload report)

For Eligibility for Endoscopic DCR the answer to question 4 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: _____

62). Endoscopic DCR: S2B3.7

1. Name of the Procedure: Endoscopic DCR

2. Indication:

| |
|---|
| Epiphora caused by anatomical or functional lacrimal sac or nasolacrimal duct obstruction |
| Chronic dacryocystitis |
| Lacrimal sac growth/ mass |

3. Does the patient presented with pain, swelling, redness over the lacrimal sac at medial canthus, tearing, crusting, fever, watery or mucoid or mucopurulent discharge from lower punctum after pressing near medial canthus (lacrimal sac area): Yes/No (Upload Clinical photograph)

4. If the answer to question 3 is Yes then is there evidence of sinusitis on X-ray PNS:

Yes/No (Upload reports)

For Eligibility for Endoscopic DCR the answer to question 4 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: _____

63). Endoscopic DCR: S2B3.7

1. Name of the Procedure: Endoscopic DCR

2. Indication:

| |
|---|
| Epiphora caused by anatomical or functional lacrimal sac or nasolacrimal duct obstruction |
| Chronic dacrocystitis |
| Lacrimal sac growth/ mass |

3. Does the patient presented with painless mass, bloody tear or discharge, non tender, non regurgitating, non fluctuant mass: Yes/No (Upload Clinical photograph)

4. If the answer to question 3 is Yes then are the following tests being done- X ray PNS, diagnostic nasal endoscopy, (USG or CT scan – optional): Yes/No (Upload reports)

For Eligibility for Endoscopic DCR 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
