

NAME OF THE HOSPITAL: _____ 4.

Glaucoma Filtering Surgery for Pediatric Glaucoma: IOP not controlled despite maximal medical therapy: S3B10.3

1. Name of the Procedure: Glaucoma Filtering Surgery for Pediatric Glaucoma
2. Select the Indication from the drop down of various indications provided under this head:

| |
|--|
| IOP not controlled despite maximal medical therapy |
| Congenital Glaucoma |

3. Does the patient presented with signs and symptoms suggestive of raised IOP which is not controlled despite maximal medical therapy: Yes/No
4. If the answer to question 3 is Yes then is the Fundus visualization done: Yes/No (Upload Fundus photograph/ Fundus sketch)
5. If the answer to question 4 is Yes then is the OCT and Visual field charting done in co-operative and above 6 yrs old children: Yes/No (Optional Investigation)
6. If the answer to question 4 AND OR question 5 is Yes is there evidence of:
 - a. Glaucomatous optic atrophy: Yes/No
 - b. Acute congestive episode of Glaucoma: Yes/No

For eligibility for Glaucoma Filtering Surgery for Pediatric Glaucoma, the answer to questions 6a AND 6b should 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: _____

5. Glaucoma Filtering Surgery for Pediatric Glaucoma: Congenital Glaucoma: S3B10.3

1. Name of the Procedure: Glaucoma Filtering Surgery for Pediatric Glaucoma

2. Select the Indication from the drop down of various indications provided under this head:

| |
|--|
| IOP not controlled despite maximal medical therapy |
| Congenital Glaucoma |

3. Does the patient presented with signs suggestive of Congenital Glaucoma: Yes/No

4. If the answer to question 3 is Yes then is the Fundus visualization done: Yes/No (Upload Fundus photograph/ Fundus sketch)

5. If the answer to question 4 is Yes then is the OCT and Visual field charting done in co-operative and above 6 yrs old children: Yes/No (Optional Investigation)

6. If the answer to question 4 AND OR question 5 is Yes is there evidence of:

a. Glaucomatous optic atrophy: Yes/No

b. Acute congestive episode of Glaucoma: Yes/No

For eligibility for Glaucoma Filtering Surgery for Pediatric Glaucoma, the answer to questions 6a AND 6b should be No

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

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