NAME OF THE HOSPITAL:

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8. Photocoagulation for Diabetic Retinopathy per Sitting: Proliferative Diabetic Retinopathy: S3B11.2
1. Name of the Procedure: Photocoagulation for Diabetic Retinopathy
2. Select the Indication from the drop down of various indications provided under this head:
Clinically significant Macular edema
Proliferative Diabetic Retinopathy
3. Does the patient presented with Spots or dark strings floating in his vision (floaters)/Blurred vision/Fluctuating vision/Dark or empty areas in vision/Vision loss/Difficulty with color perception: 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, B-Scan and FFA done: Yes/No (Upload investigation reports)
<ul><li>6. If the answer to question 5 is Yes is there evidence of:</li><li>a. Vitreous Hemorrhage: Yes/No</li><li>b. Media opacity like cataract, corneal opacity: Yes/No</li></ul>
For eligibility for Photocoagulation for Diabetic Retinopathy, 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