

NAME OF THE HOSPITAL: _____

9. Therapeutic Penetrating Keratoplasty: Perforated Corneal Ulcer: S3B5.1

1. Name of the Procedure: Therapeutic Penetrating Keratoplasty
2. Select the Indication from the drop down of various indications provided under this head:

Perforated corneal ulcer
Non healing fungal/ bacterial/ viral/ mixed keratitis
Traumatic Corneal Perforation

3. Does the patient presented with Sudden drop in visual acuity/ Ocular pain/ Excess tear production: Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes then is the B-Scan done: Yes/No (Upload B-Scan Report)
5. If the answer to question 4 is Yes is there evidence of
 - a. Phthisical or pre-phthisical eye: Yes/No
 - b. Nasolacrimal duct blockage: Yes/No

For eligibility for Therapeutic Penetrating Keratoplasty, the answer to questions 5a & 5b 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: _____

10. Therapeutic Penetrating Keratoplasty: Nonhealing fungal/bacterial/viral/mixed Keratitis: S3B5.1

1. Name of the Procedure: Therapeutic Penetrating Keratoplasty
2. Select the Indication from the drop down of various indications provided under this head:

Perforated corneal ulcer
Non healing fungal/ bacterial/ viral/ mixed keratitis
Traumatic Corneal Perforation

3. Does the patient presented with pain/ impaired eyesight/ itchiness with findings of Non-healing keratitis on examination: Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes then is the B-Scan done: Yes/No (Upload B-Scan Report)
5. If the answer to question 4 is Yes is there evidence of
 - a. Phthisical or pre-phthisical eye: Yes/No
 - b. Nasolacrimal duct blockage: Yes/No

For eligibility for Therapeutic Penetrating Keratoplasty, the answer to questions 5a & 5b should be No

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NAME OF THE HOSPITAL: _____

11. Therapeutic Penetrating Keratoplasty: Traumatic Corneal Perforation: S3B5.1

1. Name of the Procedure: Therapeutic Penetrating Keratoplasty
2. Select the Indication from the drop down of various indications provided under this head:

Perforated corneal ulcer
Nonhealing fungal/ bacterial/ viral/ mixed keratitis
Traumatic Corneal Perforation

3. Does the patient presented with history of trauma to the eye and sudden drop in visual acuity/ Ocular pain/ Excess tear production: Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes then is the B-Scan done: Yes/No (Upload B-Scan Report)
5. If the answer to question 4 is Yes is there evidence of phtthisical or pre-phtthisical eye: Yes/No

For eligibility for Therapeutic Penetrating Keratoplasty, the answer to question 5 should be No

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

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