

NAME OF THE HOSPITAL: _____

12. Lamellar Keratoplasty: Opacity of superficial one third upto anterior 95% of cornea:
S3B5.2

1. Name of the Procedure: Lamellar Keratoplasty

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

Opacity of superficial one third upto anterior 95% of cornea
Marginal corneal thinning or infiltration
Chronic inflammatory disease (e.g., atopic kerato conjunctivitis)

3. Does the patient presented with corneal opacity with accompanying vision loss: 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. Full thickness corneal opacity: Yes/No

b. Adherent Leucoma: Yes/No

For eligibility for Lamellar Keratoplasty, the answer's to question 5a AND 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: _____

13. Lamellar Keratoplasty: Marginal corneal thinning or infiltration: S3B5.2

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

Opacity of superficial one third up to anterior 95% of cornea
Marginal corneal thinning or infiltration
Chronic inflammatory disease (e.g., atopic kerato conjunctivitis)

3. Does the patient presented with signs of Marginal corneal thinning or infiltration on examination: Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes then is the indirect ophthalmoscopy done: Yes/No (Upload Report)
5. If the answer to question 4 is Yes is there evidence of:
 - a. Full thickness corneal opacity: Yes/No
 - b. Adherent Leucoma: Yes/No

For eligibility for Lamellar Keratoplasty, the answer's to question 5a AND 5b should be No

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NAME OF THE HOSPITAL: _____

14. Lamellar Keratoplasty: Chronic inflammatory disease (e.g., atopic kerato conjunctivitis): S3B5.2

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

Opacity of superficial one third up to anterior 95% of cornea
Marginal corneal thinning or infiltration
Chronic inflammatory disease (e.g., atopic keratoconjunctivitis)

3. Does the patient presented with poor vision and severe ocular itching with examination findings suggestive of kerato conjunctivitis: 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. Full thickness corneal opacity: Yes/No
 - b. Adherent Leucoma: Yes/No

For eligibility for Lamellar Keratoplasty, the answer's to question 5a AND 5b should be No

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

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