

NAME OF THE HOSPITAL: _____

15. Corneal Patch Graft: Descemetocoele: S3B5.3

1. Name of the Procedure: Corneal Patch Graft
2. Select the Indication from the drop down of various indications provided under this head:

Descemetocoele
Peripheral corneal thinning/ perforation

3. Does the patient presented with descemetocoele which was confirmed on examination of the eye : Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes then is there evidence of large central defect where therapeutic is indicated: Yes/No

For eligibility for Corneal patch graft, the answer to question 4 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: _____

16. Corneal Patch Graft: Peripheral corneal thinning/ perforation: S3B5.3

1. Name of the Procedure: Corneal Patch Graft
2. Select the Indication from the drop down of various indications provided under this head:

Descemetocoele
Peripheral corneal thinning/ perforation

3. Does the patient presented with signs suggestive of Peripheral corneal thinning/ perforation on examination of the eye: Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes then is there evidence of large central defect where therapeutic is indicated: Yes/No

For eligibility for Corneal patch graft, the answer to question 4 should be No

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

Treating Doctor Signature with Stamp
