

NAME OF THE HOSPITAL: _____

17. Scleral Patch Graft: Scleral thinning: S3B5.4

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

Scleral thinning
Necrotising scleritis/ uveal exposure through thin sclera

3. Does the patient presented with on examination findings suggestive of Scleral thinning:
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 extensive irreparable lesion:
Yes/No

For eligibility for Scleral patch graft, the answer to question 5 should be No

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

Treating Doctor Signature with Stamp

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18. Scleral Patch Graft: Necrotising scleritis/ uveal exposure through thin sclera: S3B5.4

1. Name of the Procedure: Scleral Patch Graft

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

Scleral thinning
Necrotising scleritis/ uveal exposure through thin sclera

3. Does the patient on examination had signs suggestive of Necrotising scleritis/ uveal exposure through thin sclera: 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 extensive irreparable lesion: Yes/No

For eligibility for Scleral patch graft, the answer to question 5 should be No

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