

NAME OF THE HOSPITAL: _____

23. Amniotic Membrane Graft: Pterigium Excision: S3B5.7

1. Name of the Procedure: Amniotic Membrane Graft

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

Pterigium Excision
Limbal stem cell deficiency
Conjunctival Reconstruction
Acid or Alkali injuries
Symblepheron Excision

3. Does the patient have

a. Recurrent Pterigium: Yes/No

AND/OR

b. Large Pterigium: Yes/No

AND/OR

c. Fleshy Pterigium: Yes/No

4. If the answer to either question 3a AND/OR 3b AND/OR 3c is Yes then is the patient having evidence of Pterigium documented by clinical photograph: Yes/No (Upload Clinical Photograph)

5. If the answer to question 4 is Yes then is the patient having history of Amniotic graft failure in the past: Yes/No

For eligibility for Amniotic membrane graft, the answer to question 5 must be No

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

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NAME OF THE HOSPITAL: _____

24. Amniotic Membrane Graft: Limbal stem cell deficiency: S3B5.7

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

Pterigium Excision
Limbal stem cell deficiency
Conjunctival Reconstruction
Acid or Alkali injuries
Symblepheron Excision

3. Does the patient have signs and symptoms of limbal stem cell deficiency: (Upload Clinical Photograph)
 - a. Decreased Vision: Yes/No
AND/OR
 - b. Photophobia: Yes/No
AND/OR
 - c. Tearing: Yes/No
AND/OR
 - d. Blepharospasm: Yes/No
AND/OR
 - e. Recurrent episodes of pain: Yes/No
4. If the answer to questions 3a OR 3b OR 3c OR 3d OR 3e is Yes then is the patient having evidence of limbal stem cell deficiency on Impression Cytology: Yes/No (Attach Impression Cytology report)
5. If the answer to question 4 is Yes then is the patient having history of:
 - a. Amniotic graft failure in the past: Yes/No
 - b. Complete Limbal stem cell deficiency: Yes/No

For eligibility for Amniotic membrane graft, the answer to 5a AND 5b must be No

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NAME OF THE HOSPITAL: _____

25. Amniotic Membrane Graft: Conjunctival Reconstruction: S3B5.7

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

Pterigium Excision
Limbal stem cell deficiency
Conjunctival Reconstruction
Acid or Alkali injuries
Symblepheron Excision

3. Does the patient have evidence of cicatricial diseases/ chemical injuries where conjunctiva is extensively damaged: Yes/No (Upload clinical photograph)
4. If the answer to question 3 is Yes then is the patient having history of Amniotic graft failure in the past: Yes/No

For eligibility for Amniotic membrane graft, the answer to 5 must be No

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NAME OF THE HOSPITAL: _____

26. Amniotic Membrane Graft: Acid or Alkali Injuries: S3B5.7

1. Name of the Procedure: Amniotic Membrane Graft

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

Pterigium Excision
Limbal stem cell deficiency
Conjunctival Reconstruction
Acid or Alkali injuries
Symblepheron Excision

3. Does the patient have evidence of acid or alkali Injuries resulting in extensive damage to conjunctiva/cornea: Yes/No (Upload clinical photograph)

4. If the answer to question 4 is Yes then is the patient having history of Amniotic graft failure in the past: Yes/No

For eligibility for Amniotic membrane graft, the answer to 5 must be No

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NAME OF THE HOSPITAL: _____

27. Amniotic Membrane Graft: Symblepheron Excision: S3B5.7

1. Name of the Procedure: Amniotic Membrane Graft

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

Pterigium Excision
Limbal stem cell deficiency
Conjunctival Reconstruction
Acid or Alkali injuries
Symblepheron Excision

3. Does the patient have

a. Limitation of ocular motility: Yes/No

AND/OR

b. Diminution of vision in cases having corneal affection: Yes/No

AND/OR

c. Exposure keratitis: Yes/No

AND/OR

d. Ankyloblepheron: Yes/No

4. If the answer to either question 3a AND/OR 3b AND/OR 3c AND/OR 3d is Yes then is the patient having evidence of Symblepheron documented by clinical photograph: Yes/No (Upload Clinical Photograph)

5. If the answer to question 4 is Yes then is the patient having history of Amniotic graft failure in the past: Yes/No

For eligibility for Amniotic membrane graft, the answer to 5 must be No

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

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