

NAME OF THE HOSPITAL: _____

28. Vitrectomy: Vitreous Hemorrhage: S3B6.1

1. Name of the Procedure: Vitrectomy

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

Vitreous hemorrhage
Macular hole
Retinal Detachment
Epiretinal Membrane
Foreign body in Vitreous cavity
Endophthalmitis

3. Does the patient presented with visual haze/ floaters/ cloudy vision/ photophobia and perception of shadows and cobwebs: Yes/No

4. If the answer to question 3 is Yes is there evidence of vitreous hemorrhage documented on B-scan: Yes/No (Upload B- Scan report)

5. If the answer to question 4 is Yes then is the vitreous hemorrhage documented on Fundus Examination: Yes/No (Upload Fundus sketch/ photograph)

6. If the answer to question 5 is Yes is there evidence of:

a. Scleral Thinning: Yes/No

b. Panophthalmitis: Yes/No

For eligibility for Vitrectomy the answer to questions 6a AND 6b should be No (If duration is less than 3 months, vitrectomy would not be suggestive)

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

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NAME OF THE HOSPITAL: _____

29. Vitrectomy: Macular hole: S3B6.1

1. Name of the Procedure: Vitrectomy

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

Vitreous hemorrhage
Macular hole
Retinal Detachment
Epiretinal Membrane
Foreign body in Vitreous cavity
Endophthalmitis

3. Does the patient presented with blurred and distorted central vision: Yes/No

4. If the answer to question 3 is Yes is there evidence of Macular hole documented on Fundus Examination and OCT Macula: Yes/No (Upload Fundus sketch/ photograph AND OCT Report)

5. If the answer to question 4 is Yes is there evidence of:

- a. Scleral Thinning: Yes/No
- b. Panophthalmitis: Yes/No
- c. Grade IA & IV macular hole: Yes/No
- d. With posterior vitreous detachment: Yes/No

For eligibility for Vitrectomy the answer to questions 5a AND 5b AND 5c AND 5d should be No

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NAME OF THE HOSPITAL: _____

30. Vitrectomy: Retinal Detachment: S3B6.1

1. Name of the Procedure: Vitrectomy

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

Vitreous hemorrhage
Macular hole
Retinal Detachment
Epiretinal Membrane
Foreign body in Vitreous cavity
Endophthalmitis

3. Does the patient presented with shadow or curtain affecting any part of the vision:

Yes/No

4. If the answer to question 3 is Yes is there evidence of Retinal Detachment documented on Fundus Examination and B Scan: Yes/No (Upload Fundus sketch/ photograph AND B Scan Report)

5. If the answer to question 4 is Yes is there evidence of:

a. Scleral Thinning: Yes/No

b. Panophthalmitis: Yes/No

For eligibility for Vitrectomy the answer to questions 5a AND 5b should be No

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NAME OF THE HOSPITAL: _____

31. Vitrectomy: Epiretinal Membrane: S3B6.1

1. Name of the Procedure: Vitrectomy

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

Vitreous hemorrhage
Macular hole
Retinal Detachment
Epiretinal Membrane
Foreign body in Vitreous cavity
Endophthalmitis

3. Does the patient presented with blurring or distortion of central vision: Yes/No

4. If the answer to question 3 is Yes is there evidence of Epiretinal Membrane documented on Fundus Examination and OCT: Yes/No (Upload Fundus sketch/ photograph AND OCT Report)

5. If the answer to question 4 is Yes is there evidence of:

a. Scleral Thinning: Yes/No

b. Panophthalmitis: Yes/No

For eligibility for Vitrectomy the answer to questions 5a AND 5b should be No

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NAME OF THE HOSPITAL: _____

32. Vitrectomy: Foreign body in Vitreous cavity: S3B6.1

1. Name of the Procedure: Vitrectomy

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

Vitreous hemorrhage
Macular hole
Retinal Detachment
Epiretinal Membrane
Foreign body in Vitreous cavity
Endophthalmitis

3. Does the patient presented with history of injury to the eye with retained foreign body:
Yes/No

4. If the answer to question 3 is Yes is there evidence of Foreign body in Vitreous cavity documented on Fundus Examination and B Scan: Yes/No (Upload Fundus sketch/ photograph AND B Scan Report)

5. If the answer to question 4 is Yes is there evidence of:

a. Scleral Thinning: Yes/No

b. Panopthalmitis: Yes/No

c. Opaque Media: Yes/No

For eligibility for Vitrectomy the answer to questions 5a AND 5b AND 5c should 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: _____

33. Vitrectomy: Endophthalmitis: S3B6.1

1. Name of the Procedure: Vitrectomy

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

Vitreous hemorrhage
Macular hole
Retinal Detachment
Epiretinal Membrane
Foreign body in Vitreous cavity
Endophthalmitis

3. Does the patient presented with severe pain, loss of vision, and redness of the conjunctiva and the underlying episclera: Yes/No

4. If the answer to question 3 is Yes is there evidence of Endophthalmitis documented on Fundus Examination and B Scan: Yes/No (Upload Fundus sketch/ photograph AND B Scan Report)

5. If the answer to question 4 is Yes is there evidence of:

a. Scleral Thinning: Yes/No

b. Panophthalmitis: Yes/No

For eligibility for Vitrectomy the answer to questions 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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