

NAME OF THE HOSPITAL: _____

34. Vitrectomy + Membrane Peeling+ Endolaser: Epiretinal Membrane: S3B6.2

1. Name of the Procedure: Vitrectomy + Membrane Peeling+ Endolaser

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

Epiretinal Membrane
Vitreous hemorrhage
Tractional retinal detachment

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. Panopthalmitis: Yes/No

For eligibility for Vitrectomy + Membrane Peeling+ Endolaser 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.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

35. Vitrectomy + Membrane Peeling+ Endolaser: Vitreous Hemorrhage: S3B6.2

1. Name of the Procedure: Vitrectomy + Membrane Peeling+ Endolaser

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

Epiretinal Membrane
Vitreous hemorrhage
Tractional retinal detachment

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 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

For eligibility for Vitrectomy + Membrane Peeling+ Endolaser 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.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

36. Vitrectomy + Membrane Peeling+ Endolaser: Tractional retinal detachment: S3B6.2

1. Name of the Procedure: Vitrectomy + Membrane Peeling+ Endolaser
2. Select the Indication from the drop down of various indications provided under this head:

Epiretinal Membrane
Vitreous hemorrhage
Tractional retinal detachment

3. Does the patient presented with shadow or curtain affecting any part of the vision, flashes, diminished vision: Yes/No
4. If the answer to question 3 is Yes is there evidence of Tractional retinal detachment documented on Fundus Examination, OCT and B scan: Yes/No (Upload Fundus sketch/ photograph AND OCT 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

For eligibility for Vitrectomy + Membrane Peeling+ Endolaser 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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