

NAME OF THE HOSPITAL: _____

37. Monthly Intravitreal Anti-VEGF for Macular Degeneration - Per Injection (Maximum – 6):
Macular edema d/t AMD, CRVO, BRVO, Diabetic proliferative vitreo-retinopathy, vitreous hemorrhage: S3B6.3

1. Name of the Procedure: Monthly Intravitreal Anti-VEGF for Macular Degeneration - Per Injection (Maximum – 6)
2. Select the Indication from the drop down of various indications provided under this head:

Macular edema d/t AMD, CRVO, BRVO, Diabetic proliferative vitreoretinopathy, vitreous hemorrhage
All types of Choroidal Neovascularization (CNV)

3. Does the patient presented with blurred or wavy central vision and/or colors appear "washed out" or changed: Yes/No
4. If the answer to question 3 is Yes is there evidence of Macular edema documented on Fundus Examination, FFA and OCT Macula: Yes/No (Upload Fundus sketch/ photograph AND FFA AND OCT Macula Report)
5. If the answer to question 4 is Yes is there evidence of allergy, cerebrovascular accident, fibrovascular disciform scar, pre-existing RD, RPE tears: Yes/No

For eligibility for Monthly Intravitreal Anti-VEGF for Macular Degeneration - Per Injection 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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38. Monthly Intravitreal Anti-VEGF for Macular Degeneration - Per Injection (Maximum – 6):
All types of Choroidal Neovascularization (CNV): S3B6.3

1. Name of the Procedure: Monthly Intravitreal Anti-VEGF for Macular Degeneration - Per Injection (Maximum – 6)
2. Select the Indication from the drop down of various indications provided under this head:

Macular edema d/t AMD, CRVO, BRVO, Diabetic
proliferative vitreoretinopathy, vitreous hemorrhage
All types of Choroidal Neovascularization (CNV)

3. Does the patient presented with sudden deterioration of central vision, noticeable within a few weeks/ metamorphopsia/ colour disturbances: Yes/No
4. If the answer to question 3 is Yes is there evidence of Choroidal Neovascularization documented on Fundus Examination, FFA and OCT Macula: Yes/No (Upload Fundus sketch/ photograph AND FFA AND OCT Macula Report)
5. If the answer to question 4 is Yes is there evidence of allergy, cerebrovascular accident, fibrovascular disciform scar, pre-existing RD, RPE tears: Yes/No

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