

NAME OF THE HOSPITAL: _____

39. Vitrectomy - Membrane Peeling Endolaser, Silicon Oil Or Gas: Vitreous hemorrhage with tractional R D: S3B6.4

1. Name of the Procedure: Vitrectomy - Membrane Peeling Endolaser, Silicon Oil Or Gas
2. Indication: Vitreous hemorrhage with tractional Retinal Detachment
3. Does the patient presented with visual haze/ floaters/ cloudy vision/ photophobia and perception of shadows and cobwebs with shadow or curtain affecting any part of vision: Yes/No
4. If the answer to question 3 is Yes is there evidence of Vitreous hemorrhage with tractional 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. Panopthalmitis: Yes/No

For eligibility for Vitrectomy - Membrane Peeling Endolaser, Silicon Oil Or Gas 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
