

NAME OF THE HOSPITAL: \_\_\_\_\_

40. Removal Of Silicon Oil Or Gas: Previous retinal surgery like vitrectomy + silicon oil or gas:  
S3B6.5

1. Name of the Procedure: Removal Of Silicon Oil Or Gas
2. Indication: Previous retinal surgery like vitrectomy + silicon oil or gas
3. Does the patient underwent previous retinal surgery like vitrectomy + silicon oil or gas :  
Yes/No (Upload previous treatment notes)
4. If the answer to question 3 is Yes is there evidence of silicon oil or gas 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. Prethical eye: Yes/No
  - b. Hypotony: Yes/No

For eligibility for Removal Of Silicon Oil Or Gas: Previous retinal surgery like vitrectomy +  
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

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