

NAME OF THE HOSPITAL: _____

41. Vitrectomy Plus Silicon Oil Or Gas: Tractional Retinal Detachment: S3B6.6

1. Name of the Procedure: Vitrectomy Plus Silicon Oil Or Gas
2. Select the Indication from the drop down of various indications provided under this head:

Tractional Retinal Detachment
Rhegmatogenous Retinal Detachment

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

NAME OF THE HOSPITAL: _____

42. Vitrectomy Plus Silicon Oil Or Gas: Rhegmatogenous Retinal Detachment: S3B6.6

1. Name of the Procedure: Vitrectomy Plus Silicon Oil Or Gas
2. Select the Indication from the drop down of various indications provided under this head:

Tractional Retinal Detachment
Rhegmatogenous Retinal Detachment

3. Does the patient presented with signs and symptoms suggestive of Rhegmatogenous retinal detachment : Yes/No
4. If the answer to question 3 is Yes is there evidence of Rhegmatogenous 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 Plus 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.

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