

NAME OF THE HOSPITAL: _____

43. Socket Reconstruction: Contracted socket not retaining prosthesis: S3B7.1

1. Name of the Procedure: Socket Reconstruction
2. Indication: Contracted socket not retaining prosthesis
3. Does the patient have history of evisceration done: Yes/No (Upload previous treatment/
operative notes)
4. If the answer to question 3 is Yes is there evidence of Contracted socket size not
retaining prosthesis: Yes/No (Upload Clinical Photograph)
5. If the answer to question 4 is Yes is there evidence of Congenital contracted socket due
to bone abnormality: Yes/No

For eligibility for Socket reconstruction 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
