

NAME OF THE HOSPITAL: _____

44. Dermis Fat Graft: Anophthalmia in children: S3B7.2

1. Name of the Procedure: Dermis Fat Graft
2. Select the Indication from the drop down of various indications provided under this head:

Anophthalmia in children
Deep superior sulcus deformity

3. Does the patient presented with signs of Anophthalmia: Yes/No (Upload Clinical Photograph)

For eligibility for Dermis fat graft the answer to question 3 should be Yes

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: _____

45. Dermis Fat Graft: Deep superior sulcus deformity: S3B7.2

1. Name of the Procedure: Dermis Fat Graft

2. Select the Indication from the drop down of various indications provided under this head:

Anophthalmia in children
Deep superior sulcus deformity

3. Does the patient presented with signs of deep superior sulcus deformity: Yes/No
(Upload Clinical Photograph)

For eligibility for Dermis fat graft the answer to question 3 should be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
