

NAME OF THE HOSPITAL: _____

46. Orbitotomy: Orbital tumours or cysts: S3B7.3

1. Name of the Procedure: Orbitotomy

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

Orbital tumours or cysts
Orbital foreign body
Orbital wall fractures

3. Does the patient presented with signs and symptoms suggestive of Orbital tumours or cysts: Yes/No (Upload clinical Photograph)

4. If the answer to question 3 is Yes is there evidence of Orbital tumour or cyst documented on MRI Brain+Orbit and B scan: Yes/No (Upload MRI Brain+Orbit AND B scan Report)

5. If the answer to question 4 is Yes is there evidence of
a. tumours with extension in Brain: Yes/No
b. small cysts < 3mm: Yes/No

For eligibility for Orbitotomy the answer to question 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: _____

47. Orbitotomy: Orbital foreign body: S3B7.3

1. Name of the Procedure: Orbitotomy

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

Orbital tumours or cysts
Orbital foreign body
Orbital wall fractures

3. Does the patient presented with history of trauma to eye with retained foreign body inside the orbit & outside the eyeball: Yes/No (Upload clinical Photograph)

4. If the answer to question 3 is Yes is there evidence of Orbital foreign body documented on CT Brain+Orbit and B scan: Yes/No (Upload CT Brain+Orbit AND B scan Report)

5. If the answer to question 4 is Yes is there evidence of tumours with extension in Brain: Yes/No

For eligibility for Orbitotomy the answer to question 5 should be No

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

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NAME OF THE HOSPITAL: _____

48. Orbitotomy: Orbital wall fractures: S3B7.3

1. Name of the Procedure: Orbitotomy

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

Orbital tumours or cysts
Orbital foreign body
Orbital wall fractures

3. Does the patient presented with history of trauma to eye with associated pain and swelling of the area: Yes/No (Upload clinical Photograph)

4. If the answer to question 3 is Yes is the eyeball intact: Yes/No

5. If the answer to question 4 is Yes is there evidence of Orbital fracture documented on CT Brain+Orbit and B scan: Yes/No (Upload CT Brain+Orbit AND B scan Report)

6. If the answer to question 5 is Yes is there evidence of tumours with extension in Brain: Yes/No

For eligibility for Orbitotomy the answer to question 6 should be No

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

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