

NAME OF THE HOSPITAL: _____

49. Enucleation With Orbital Implant: Intraocular malignancy not amenable to medical therapy: S3B7.4

1. Name of the Procedure: Enucleation with Orbital Implant
2. Select the Indication from the drop down of various indications provided under this head:

Intraocular malignancy not amenable to medical therapy
Painful Blind eye
Severely traumatized eye with other eye at risk of sympathetic ophthalmia

3. Does the patient presented with signs and symptoms suggestive of Intraocular malignancy: Yes/No (Upload clinical Photograph)
4. If the answer to question 3 is Yes is there evidence of Intraocular malignancy documented on CT Orbit and B scan: Yes/No (Upload CT Orbit AND B scan Report)

For eligibility for Enucleation with Orbital implant the answer to question 4 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: _____

50. Enucleation With Orbital Implant: Painful blind eye: S3B7.4

1. Name of the Procedure: Enucleation with Orbital Implant
2. Select the Indication from the drop down of various indications provided under this head:

Intraocular malignancy not amenable to medical therapy
Painful Blind eye
Severely traumatized eye with other eye at risk of sympathetic ophthalmia

3. Does the patient presented with signs and symptoms suggestive of Painful blind eye:
Yes/No (Upload clinical Photograph)
4. If the answer to question 3 is Yes is there evidence of Intraocular damage documented on CT Orbit and B scan: Yes/No (Upload CT Orbit AND B scan Report)

For eligibility for Enucleation with Orbital implant the answer to question 4 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: _____

51. Enucleation With Orbital Implant: Severely traumatized eye with other eye at risk of sympathetic ophthalmia: S3B7.4

1. Name of the Procedure: Enucleation with Orbital Implant
2. Select the Indication from the drop down of various indications provided under this head:

Intraocular malignancy not amenable to medical therapy
Painful Blind eye
Severely traumatized eye with other eye at risk of sympathetic ophthalmia

3. Does the patient presented with signs and symptoms suggestive of Severely traumatized eye: Yes/No (Upload clinical Photograph)
4. If the answer to question 3 is Yes is there evidence of Severely traumatized eye documented on CT Orbit and B scan: Yes/No (Upload CT Orbit AND B scan Report)

For eligibility for Enucleation with Orbital implant the answer to question 5 should be Yes

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

Treating Doctor Signature with Stamp
