

NAME OF THE HOSPITAL: _____

52. Rectus Muscle Surgery Single: To maintain binocular vision in children: S3B8.1

1. Name of the Procedure: Rectus Muscle Surgery Single
2. Select the Indication from the drop down of various indications provided under this head:

To maintain binocular vision in children
Cosmesis

3. Does the patient presented with Squint associated with difficulty in binocular vision:
Yes/No (Upload clinical Photograph)
4. If the answer to question 4 is Yes is there evidence:
 - a. Pre-existing extra ocular muscle pathology: Yes/No
 - b. Active thyroid ophthalmopathy: Yes/No

For eligibility for Rectus muscle surgery single the answer to questions 4a AND 4b 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: _____

53. Rectus Muscle Surgery Single: Cosmesis: S3B8.1

1. Name of the Procedure: Rectus Muscle Surgery Single
2. Select the Indication from the drop down of various indications provided under this head:

To maintain binocular vision in children
Cosmesis

3. Does the patient presented with Squint affecting cosmetic appearance: Yes/No (Upload clinical Photograph)
4. If the answer to question 3 is Yes is there evidence:
 - a. Pre-existing extra ocular muscle pathology: Yes/No
 - b. Active thyroid ophthalmopathy: Yes/No

For eligibility for Rectus muscle surgery single the answer to questions 4a AND 4b should be No

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

Treating Doctor Signature with Stamp
