

NAME OF THE HOSPITAL: _____

54. Rectus Muscle Surgery Two/Three: To maintain binocular vision: S3B8.2

1. Name of the Procedure: Rectus Muscle Surgery Two/Three

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

To maintain binocular vision
Poor vision and squint indicated for cosmetic purpose also

3. Does the patient presented with Squint associated with difficulty in binocular vision:
Yes/No (Upload clinical Photograph)

4. If the answer to question 3 is Yes is there evidence active extra-ocular muscle pathology:
Yes/No

For eligibility for Rectus muscle surgery two/three the answer to question 4 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: _____

55. Rectus Muscle Surgery Two/Three: Poor vision and squint indicated for cosmetic purpose also: S3B8.2

1. Name of the Procedure: Rectus Muscle Surgery Two/Three

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

To maintain binocular vision
Poor vision and squint indicated for cosmetic purpose also

3. Does the patient presented with poor vision due to Squint/ squint affecting cosmetic appearance: Yes/No (Upload clinical Photograph)

4. If the answer to question 3 is Yes is there evidence active extra-ocular muscle pathology: Yes/No

For eligibility for Rectus muscle surgery two/three the answer to question 4 should be No

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

Treating Doctor Signature with Stamp
