

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

2. Excision and other operation for fracture scaphoid: FIXATION: S5D1.2

1. Name of the Procedure: Fixation

2. Indication:

Displaced fresh fracture
Non-Union
Wrist Arthritis

3. Does the patient has evidence of displaced fresh fracture of scaphoid bone on X-Ray:
Yes/No (Upload X-Ray film)

4. If the answer to question 3 is Yes then is the patient having evidence of un-displaced
fresh fracture on X-Ray: Yes/No

For eligibility for Fixation of Scaphoid fracture, the answer to 4 must 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: _____

PATIENT NAME: _____

3. Excision and other operation for fracture scaphoid: FIXATION + Bone Grafting: S5D1.2

1. Name of the Procedure: FIXATION + Bone Grafting

2. Indication:

Displaced fresh fracture
Non-Union
Wrist Arthritis

3. Does the patient has evidence of Non-Union of scaphoid bone fracture on X-Ray: Yes/No
(Upload X-Ray film)

4. If the answer to question 3 is Yes then is the patient having evidence of fresh fracture on
X-Ray: Yes/No

For eligibility for FIXATION + Bone Grafting of Scaphoid fracture, the answer to 4 must 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: _____

PATIENT NAME: _____

4. Excision and other operation for fracture scaphoid: EXCISION: S5D1.2

1. Name of the Procedure: EXCISION

2. Indication: Wrist Arthritis

Displaced fresh fracture
Non-Union
Wrist Arthritis

3. Does the patient has evidence of wrist arthritis on X-Ray: Yes/No (Upload X-Ray film)

4. If the answer to question 3 is Yes then is the patient having evidence of no wrist joint changes on X-Ray: Yes/No

For eligibility for Excision of scaphoid bone, the answer to 4 must be NO

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

Treating Doctor Signature with Stamp
