

NAME OF THE HOSPITAL: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

6. Reduction Of Compound Fractures & External Fixation: Compound fracture Grade 2A onwards: S5D1.4

1. Name of the Procedure: Reduction Of Compound Fractures & External Fixation

2. Indication: Compound fracture Grade 2A onwards

3. Does the patient have

a. Open Fracture: Yes/No

AND

b. Wound: Yes/No

AND

c. Crepitus: Yes/No

AND

d. Pain: Yes/No

4. If the answer to all 3a AND 3b AND 3c AND 3d is Yes then is the patient having evidence of Compound fracture on X-Ray: Yes/No (Upload X-Ray film)

5. If the answer to question 4 is Yes then is the patient having evidence of closed fracture, mangled extremity: Yes/No

For eligibility for reduction of compound fracture and external fixator, the answer to 5 must be NO

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

Treating Doctor Signature with Stamp

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