

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

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

27. Anterolateral Clearance For Tuberculosis: S5D2.10

1. Name of the Procedure: Anterolateral Clearance For Tuberculosis
2. Select the Indication from the drop down of various indications provided under this head:

Increased neurodeficit despite AKT
Instability
Resistant TB

3. Does the patient have
  - a. Neurodeficit: Yes/No  
AND
  - b. Pain: Yes/No  
AND
  - c. Abscess: Yes/No
4. If the answer to all 3a AND 3b AND 3c is Yes then is the patient having evidence of no resolution of disease on MRI: Yes/No (Upload MRI film)
5. If the answer to question 5 is Yes then is the patient having evidence of stable neurodeficit on AKT: Yes/No

For eligibility for Antero-lateral Tb spine clearance, 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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NAME OF THE HOSPITAL: \_\_\_\_\_

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

28. Anterolateral Clearance For Tuberculosis: S5D2.10

1. Name of the Procedure: Anterolateral Clearance For Tuberculosis
2. Select the Indication from the drop down of various indications provided under this head:

Increased neurodeficit despite AKT
Instability
Resistant TB

3. Does the patient have
  - a. Pain: Yes/No
  - AND
  - b. Deformity: Yes/No
4. If the answer to both 3a AND 3b is Yes then is the patient having evidence of deformity on MRI: Yes/No (Upload MRI film)
5. If the answer to question 5 is Yes then is the patient having evidence of stable neurodeficit on AKT: Yes/No

For eligibility for Antero-lateral Tb spine clearance, 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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NAME OF THE HOSPITAL: \_\_\_\_\_

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

29. Anterolateral Clearance For Tuberculosis: S5D2.10

1. Name of the Procedure: Anterolateral Clearance For Tuberculosis
2. Select the Indication from the drop down of various indications provided under this head:

Increased neurodeficit despite AKT
Instability
Resistant TB

3. Does the patient have no response to first line Anti-TB drugs: Yes/No
4. If the answer to question 3 is Yes then is the patient having evidence of disease on MRI:  
Yes/No (Upload MRI film)
5. If the answer to question 5 is Yes then is the patient having evidence of stable neurodeficit on AKT: Yes/No

For eligibility for Antero-lateral Tb spine clearance, 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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