

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

10. Open Reduction Of Dislocations - Deep: S5D2.1

1. Name of the Procedure: Open Reduction Of Dislocations

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

Old neglected dislocation
Recurrent dislocation

3. Does the patient have

a. Pain: Yes/No

AND

b. Swelling: Yes/No

AND

c. Deformity: Yes/No

AND

d. Loss of ROM: Yes/No

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

5. If the answer to 4 is Yes then is the patient having evidence of fresh dislocation: Yes/No

For eligibility for Open Reduction Of Dislocations, the answer to question 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

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

11. Open Reduction Of Dislocations – Deep: S5D2.1

1. Name of the Procedure: Open Reduction Of Dislocations
2. Select the Indication from the drop down of various indications provided under this head:

Old neglected dislocation
Recurrent dislocation

3. Does the patient have
 - a. Recurrent history of dislocation: Yes/No
 - AND
 - b. Instability of joint: Yes/No
 4. If the answer to both 3a AND 3b is Yes then is the patient having evidence of ligament injuries on MRI: Yes/No (Upload MRI film)
 5. If the answer to 4 is Yes then is the patient having evidence of fresh dislocation: Yes/No
- For eligibility for OR for dislocation, the answer to 5 must be NO

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

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