

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

18. Arthroscopy - Diagnostic: S5D2.5

1. Name of the Procedure: Diagnostic Arthroscopy
2. Select the Indication from the drop down of various indications provided under this head:

Partial ACL tear
Synovial Biopsy
Cartilage Defects
Assessment of tracking of patella

3. Does the patient have
 - a. Pain: Yes/No
AND/OR
 - b. Swelling: Yes/No
AND/OR
 - c. Instability in knee: Yes/No
4. If the answer to all questions 3a AND 3b AND 3c is Yes then is there evidence of Partial ACL tear on MRI: Yes/No (Upload MRI film)
5. If the answer to question 4 is yes, then is the patient having evidence of local infection of knee: Yes/No

For eligibility for Diagnostic Arthroscopy (to assess the strength of remaining ACL) 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

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

19. Arthroscopy - Diagnostic: S5D2.5

1. Name of the Procedure: Diagnostic Arthroscopy
2. Select the Indication from the drop down of various indications provided under this head:

Partial ACL tear
Synovial Biopsy
Cartilage Defects
Assessment of tracking of patella

3. Does the patient have
 - a. Joint Swelling: Yes/No
AND/OR
 - b. Pain: Yes/No
AND/OR
 - c. Redness: Yes/No
4. If the answer to all questions 3a AND 3b AND 3c is Yes then is the patient having evidence of positive joint aspiration: Yes/No (Attach joint aspiration report)
5. If the answer to question 4 is Yes then is the patient having evidence of local infection of knee: Yes/No

For eligibility for Diagnostic Arthroscopy, the answer to 5 must be No

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

20. Arthroscopy - Diagnostic: S5D2.5

1. Name of the Procedure: Diagnostic Arthroscopy
2. Select the Indication from the drop down of various indications provided under this head:

Partial ACL tear
Synovial Biopsy
Cartilage Defects
Assessment of tracking of patella

3. Does the patient have
 - a. Pain: Yes/No
 - AND/OR
 - b. Swelling: Yes/No
4. If the answer to questions 3a AND 3b is Yes then is there evidence of Cartilage defect on MRI: Yes/No (Upload MRI report)
5. If the answer to question 4 is Yes then is the patient having evidence of local infection of knee: Yes/No

For eligibility for Diagnostic Arthroscopy (to assess the cartilage defect), 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

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

21. Arthroscopy - Diagnostic: S5D2.5

1. Name of the Procedure: Diagnostic Arthroscopy
2. Select the Indication from the drop down of various indications provided under this head:

Partial ACL tear
Synovial Biopsy
Cartilage Defects
Assessment of tracking of patella

3. Does the patient have
 - a. Pain: Yes/No
AND
 - b. Swelling: Yes/No
AND
 - c. Difficulty in knee flexion: Yes/No
4. If the answer to all questions 3a AND 3b AND 3c is Yes then is maltracking of patella ascertained clinically and by X-rays: Yes/No (Upload X-ray report)
5. If the answer to question 4 is yes then is the patient having evidence of local infection of knee: Yes/No

For eligibility for Diagnostic Arthroscopy, 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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