

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

22. Arthroscopy. Operative Meniscectomy: S5D2.6

1. Name of the Procedure: Arthroscopy. Operative Meniscectomy
2. Indication: Meniscus tear
3. Does the patient have
 - a. Pain: Yes/No
AND
 - b. Swelling: Yes/No
AND
 - c. Locking: Yes/No
4. If the answer to all 3a AND 3b AND 3c is Yes then is the patient having evidence of positive Macmurrays test: Yes/No
5. If the answer to question 4 is Yes then is the patient having evidence of meniscus tear on MRI: Yes/No (Upload MRI film)
6. If the answer to question 5 is Yes then is the patient having evidence of repairable meniscus tear on MRI: Yes/No

For eligibility for Arthroscopic Meniscectomy, 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
