

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

37. Excision Of Bone Tumours. Deep With Re-Construction With Conventional Prosthesis:
S5D6.1

1. Name of the Procedure: Excision Of Bone Tumours. Deep With Re-Construction With Conventional Prosthesis
2. Indication: Uni-compartmental malignancy
3. Does the patient have
 - a. Pain, Swelling & Deformity: Yes/No
AND
 - b. Biopsy showing malignant tumor: Yes/No (Attach Biopsy Report)
AND
 - c. MRI showing uni- compartmental malignancy: Yes/No (Upload MRI report)
4. If the answer to all 3a AND 3b AND 3c is Yes then is the patient having evidence of
 - a. Metastasis on CT chest: Yes/No (Upload CT film)
 - b. Metastasis on Bone Scan: Yes/No (Upload Bone scan film)

For eligibility for excision of tumor and reconstruction using conventional prosthesis, the answer to 4a AND 4b must be No

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

Treating Doctor Signature with Stamp
