

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

1). Orchidopexy Bilateral: Torsion of testis (one/both) (S9H2.1)-A

1. Name of the Procedure: Orchidopexy Bilateral

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

Torsion of testis (one/both)
Subclinical torsion

3. Does the patient have

a. Acute onset of Pain/Swelling: Yes/No

AND/OR

b. Gangrenous Testis: Yes/No

4. If the answer to either question 3a AND/OR 3b is Yes then is the patient having evidence of infarction/ absent flow on USG of scrotum with Doppler: Yes/No (Upload USG with Doppler film)

5. If the answer to question 4 is Yes then is the patient having evidence of

a. Epididymo-orchitis: Yes/No

b. Infective states of testis: Yes/No

c. Malignancy of testis: Yes/No

For eligibility for Bilateral Orchidopexy, the answer to 5a, 5b & 5c 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: _____

2). Orchidopexy Bilateral: Subclinical torsion (S9H2.1)-B

1. Name of the Procedure: Orchidopexy Bilateral

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

Torsion of testis (one/both)
Subclinical torsion

3. Does the patient have episodic pain in testis relieved after some time: Yes/No

4. If the answer to question 3 is Yes then is the patient having evidence of infarction/absent flow on USG of scrotum with Doppler: Yes/No (Upload USG with Doppler film)

5. If the answer to question 4 is Yes OR No then is the patient having evidence of:

a. Epididymo-orchitis: Yes/No

b. Infective states of testis: Yes/No

c. Malignancy of testis: Yes/No

For eligibility for Bilateral Orchidopexy, the answer to 5a, 5b & 5c must be No

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

Treating Doctor Signature with Stamp
