

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

4). Chordee Correction: As a part of hypospadias surgery first stage (S9H2.3)-A

1. Name of the Procedure: Chordee Correction

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

As a part of hypospadias surgery first stage
Primary curvature of penis – long
Chordee without hypospadias

3. Does the patient have

a. Hypospadias: Yes/No

AND/OR

b. Curvature of penis causing pain/preventing coitus: Yes/No

4. If the answer to question 3a AND/OR 3b is Yes then is the child/adult having evidence of Hypospadias with curvature of penis documented on clinical photograph AND clinical Evaluation for Chordee: Yes/No (Upload Clinical Photograph)

For eligibility for Cordee Correction, the answer to question 4 must be Yes.

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: _____

5). Chordee Correction: Primary curvature of penis – long (S9H2.3)-B

1. Name of the Procedure: Chordee Correction

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

As a part of hypospadias surgery first stage
Primary curvature of penis – long
Chordee without hypospadias

3. Does the child/adult without hypospadias has Curvature of penis causing pain/preventing coitus: Yes/No

4. If the answer to question 3 is Yes then is the child/adult without Hypospadias has evidence of curvature of penis documented on clinical photograph AND clinical Evaluation for Chordee: Yes/No (Upload Clinical Photograph)

For eligibility for Cordee Correction, the answer to 4 must be Yes.

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

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

6). Chordee Correction: Chordee without hypospadias (S9H2.3)-C

1. Name of the Procedure: Chordee Correction

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

As a part of hypospadias surgery first stage
Primary curvature of penis – long/required
Chordee without hypospadias

3. Does the child/adult without hypospadias has Curvature of penis causing pain/preventing coitus: Yes/No

4. If the answer to question 3 is Yes then is the child/adult without Hypospadias has evidence of curvature of penis documented on clinical photograph AND clinical Evaluation for Chordee: Yes/No (Upload Clinical Photograph)

For eligibility for Cordee Correction, the answer to 4 must be Yes.

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

Treating Doctor Signature with Stamp
