

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

31). Urethroplasty for Stricture Urethra Double Stage Stage-2: After 3 months of 1st stage

Urethroplasty: (S9H5.3)

1. Name of the Procedure: Urethroplasty for Stricture Urethra Double Stage Stage-2

2. Indication: After 3 months of 1st stage Urethroplasty

3. Does the patient have undergone stage-1 Urethroplasty: Yes/No

4. If the answer to question 3 is Yes, then is there evidence of

a. MCU/RGU: Yes/No (Upload MCU/RGU report)

b. Calibration of proximal meatus being done: Yes/No

(Clinical photo optional)

5. If the answer to all questions 4a AND 4b is Yes is there evidence of

a. Unhealthy urethral plate: Yes/No

b. Proximal meatal stenosis: Yes/No

For eligibility for Urethroplasty for Stricture Urethra Double Stage Stage-2, the answers to questions 5a & 5b should be No.

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

Treating Doctor Signature with Stamp
