

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

35). Hypospadias Adult Double Stage stage-1: Penile curvature with abnormal (proximal) meatal opening: (S9H5.6)

1. Name of the Procedure: Hypospadias Adult Double Stage stage-1

2. Indication: Penile curvature with abnormal(proximal) meatal opening

3. Does the patient have evidence of

a. Physical deformity: Yes/No

AND/OR

b. Painful coitus: Yes/No

AND/OR

c. Difficulty in voiding: Yes/No

4. If the answer to all questions 3a AND/OR 3b AND/OR 3c is Yes, then is there evidence of Penile curvature with abnormal(proximal) meatal opening: Yes/No (Upload clinical photograph)

5. If the answer to question 4 is Yes is there evidence of Distal Hypospadias: Yes/No

For eligibility for Hypospadias adult double stage stage-1 procedure, the answer to question 5 should be No.

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

Treating Doctor Signature with Stamp
