

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

36). Hypospadias Adult Double Stage stage-2: Patient undergoing stage-1 Hypospadias Repair: (S9H5.7)

1. Name of the Procedure: Hypospadias Adult Double Stage stage-2
2. Indication: Patient undergoing stage-1 Hypospadias repair
3. Does the patient has undergone stage-1 Hypospadias repair: Yes/No (Upload clinical photograph)
4. If the answer to questions 3 is Yes is there evidence of
 - a. Unhealthy urethral plate: Yes/No
 - b. Infection: Yes/No

For eligibility for Hypospadias adult double stage stage-2 procedure, the answers to questions 4a & 4b should be No.

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

Treating Doctor Signature with Stamp
