

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

71). Endoscope Removal Of Stone In Bladder (S9H7.9)-A

1. Name of the Procedure: Endoscope Removal Of Stone In Bladder
2. Select the Indication from the drop down of various indications provided under this head:

Stone (vesical calculus) \leq 4 cm
Multiple small bladder calculi

3. Does the patient have evidence of Pain/ hematuria/ difficulty in passing urine: Yes/No
4. If the answer to question 3 is Yes then is there evidence of
 - a. Stone demonstrated on X-Ray KUB: Yes/No (Upload X-Ray film)

OR

 - b. Stone demonstrated on USG KUB: Yes/No (Upload USG film)
5. If the answer to questions 4a OR 4b is Yes is there evidence of
 - a. Calculus $>$ 4cm: Yes/No
 - b. Associated pathology like bladder diverticulum: Yes/No
 - c. Complex urethral anatomy/stricture: Yes/No
 - d. Coagulopathy: Yes/No

For eligibility for Endoscope Removal Of Stone In Bladder, the answer to all questions 5a, 5b, 5c & 5d 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: _____

72). Endoscope Removal Of Stone In Bladder (S9H4.1)-B

1. Name of the Procedure: Endoscope Removal Of Stone In Bladder
2. Select the Indication from the drop down of various indications provided under this head:

Stone (vesical calculus) \leq 4 cm
Multiple small bladder calculi

3. Does the patient have history of Pain/ fever/ hematuria/ difficulty in passing urine:
Yes/No
4. If the answer to question 3 is Yes then is there evidence of
 - a) Multiple calculi demonstrated on X-Ray KUB: Yes/No (Upload IVP X-Ray film)OR
 - b) Multiple calculi demonstrated on USG KUB: Yes/No (Upload USG film)
5. If the answer to questions 4a OR 4b is Yes is there evidence of
 - a. Calculus > 4cm: Yes/No
 - b. Associated pathology like bladder diverticulum: Yes/No
 - c. Complex urethral anatomy/stricture: Yes/No
 - d. Coagulopathy: Yes/No

For eligibility for Endoscope Removal Of Stone In Bladder, the answer to all questions 5a, 5b, 5c, 5d must be No.

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

Treating Doctor Signature with Stamp
