

NAME OF THE HOSPITAL: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

74). Epispadiasis Correction: Presence of Epispadiasis (S9H8.2)

1. Name of the Procedure: Epispadiasis Correction
2. Indication: Presence of Epispadiasis
3. Does the patient have evidence of Deformity/ Difficulty in coitus/ Urine dribble: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
  - a. Presence of Epispadiasis documented on clinical photo: Yes/No (Upload Clinical Photograph)
  - b. X-ray PBH documenting the extent of pubic defect: Yes/No (Upload X-Ray film)
  - c. USG for assessment of bladder and upper tracts: Yes/No (Upload USG film)  
(Optional Investigations: CT Scan Abdomen & Pelvis, Bladder Plate Biopsy)
5. If the answer to questions 4a AND 4b AND 4c is Yes is there evidence of
  - a. Infection at local site: Yes/No
  - b. Poor general condition of patient: Yes/No

For eligibility for epispadiasis correction, the answer 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

\_\_\_\_\_