

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

**1). Labyrinthectomy: S2B1.1**

1. Name of the Procedure: Labyrinthectomy
2. Indications: Total destruction of both cochlear and Vestibular function/ Vertigo from meniere's disease/ Patient whose disabling vertigo fails to respond to appropriate medical therapy/ Vertigo with dead ear
3. Does the patient presented with vertigo, hearing loss, tinnitus, sense of fullness or pressure in ear: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- CT Scan/ Speech audiometry test/ Electrocochleography/ Pure tone audiometry (PTA): Yes/No (Upload reports)

For Eligibility for Labyrinthectomy the answer to question 4 must be YES

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

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

**2). Facial Nerve Decompression: S2B1.2**

1. Name of the Procedure: Facial Nerve Decompression

2. Indications:

Post Traumatic Facial Nerve Palsy (Temporal Bone fracture)
Chronic Otitis media with Facial Nerve Palsy
Iatrogenic Facial Nerve trauma
Facial Neuroma

3. Does the patient presented with accidental trauma, sudden weakness or paralysis on one side of face, drooling, inability to wrinkle the forehead, excessive tearing or dryness in eye, loss of ability to taste, pain in or behind ear, vertigo, loss of hearing: Yes/No

4. If the answer to question 3 is Yes then is there evidence of traumatic injury on CT Scan: Yes/No (Upload report)

For Eligibility for Facial Nerve Decompression the answer to question 4 must be YES

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

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

**3). Facial Nerve Decompression: S2B1.2**

1. Name of the Procedure: Facial Nerve Decompression

2. Indications:

Post Traumatic Facial Nerve Palsy (Temporal Bone fracture)
Chronic Otitis media with Facial Nerve Palsy
Iatrogenic Facial Nerve trauma
Facial Neuroma

3. Does the patient presented with sudden weakness or paralysis on one side of face, drooling, inability to wrinkle the forehead, excessive tearing or dryness in eye, loss of ability to taste, pain in or behind ear, vertigo, loss of hearing, foul smelling discharge from ear: Yes/No

4. If the answer to question 3 is Yes then is there evidence of chronic otitis media with facial nerve involvement on CT – scan imaging: Yes/No (Upload report)

For Eligibility for Facial Nerve Decompression the answer to question 4 must be YES

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

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

**4). Facial Nerve Decompression: S2B1.2**

1. Name of the Procedure: Facial Nerve Decompression

2. Indications:

Post Traumatic Facial Nerve Palsy (Temporal Bone fracture)
Chronic Otitis media with Facial Nerve Palsy
Iatrogenic Facial Nerve trauma
Facial Neuroma

3. Does the patient presented with accidental trauma, H/O surgery, sudden weakness or paralysis on one side of face, drooling of saliva, inability to wrinkle the forehead, excessive tearing or dryness in eye, pain in or behind ear, vertigo, loss of hearing:  
Yes/No

4. If the answer to question 3 is Yes then is there evidence of damage involving facial nerve documented on CT imaging: Yes/No (Upload report)

For Eligibility for Facial Nerve Decompression the answer to question 4 must be YES

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

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

**5). Facial Nerve Decompression: S2B1.2**

1. Name of the Procedure: Facial Nerve Decompression

2. Indications:

Post Traumatic Facial Nerve Palsy (Temporal Bone fracture)
Chronic Otitis media with Facial Nerve Palsy
Iatrogenic Facial Nerve trauma
Facial Neuroma

3. Does the patient presented with twitching of face, tinnitus, imbalance, facial weakness, hearing loss, dizziness: Yes/No

4. If the answer to question 3 is Yes then is there evidence of facial neuroma on CT Scan imaging, MRI – (optional): Yes/No (Upload report)

For Eligibility for Facial Nerve Decompression the answer to question 4 must be YES

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

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

**6). Temporal Bone Excision: S2B1.3**

1. Name of the Procedure: Temporal Bone Excision
2. Indications: Neoplasm of temporal bone
3. Does the patient presented with hearing loss, dysphagia, tinnitus, bleeding, hoarseness of voice, IX to XII cranial nerve paralysis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of malignancy involving temporal bone on CT Scan/ MRI with angiography, Biopsy: Yes/No (Upload report)
5. If the answer to question 4 is Yes is there evidence of advanced tumour with intracranial invasion: Yes/No

For Eligibility for Temporal Bone Excision in case of malignancy the answer to question 5 must be No

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

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

**7). Microlaryngeal Surgery: S2B2.1**

1. Name of the Procedure: Microlaryngeal Surgery

2. Indications:

Vocal Nodule
Vocal Cord Polyp
Vocal Cord Cyst
Laryngeal Papilloma
Laryngeal Carcinoma (For Biopsy)

3. Does the patient presented with hoarsness of voice, vocal fatigue, pain in neck on prolonged phonation: Yes/No

4. If the answer to question 3 is Yes then is there evidence of vocal nodule on Indirect Laryngoscopy/ Stroboscopy/ Nasolaryngo endoscopy under LA: Yes/No (Upload report/sketch)

5. If the answer to question 4 is Yes is there evidence of metastasis on X-Ray chest: Yes/No

For Eligibility for Microlaryngeal Surgery the answer to question 5 must be No

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

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

**8). Microlaryngeal Surgery: S2B2.1**

1. Name of the Procedure: Microlaryngeal Surgery

2. Indications:

Vocal Nodule
Vocal Cord Polyp
Vocal Cord Cyst
Laryngeal Papilloma
Laryngeal Carcinoma (For Biopsy)

3. Does the patient presented with hoarsness of voice, dysphonia, stridor or intermittent choking: Yes/No

4. If the answer to question 3 is Yes then is there evidence of vocal cord polyp documented through investigations like Indirect Laryngoscopy/ Stroboscopy/ Nasolaryngo endoscopy: Yes/No (Upload report/sketch)

5. If the answer to question 4 is Yes is there evidence of metastasis on X-Ray chest: Yes/No

For Eligibility for Microlaryngeal Surgery the answer to question 5 must be No

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

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

**9). Microlaryngeal Surgery: S2B2.1**

1. Name of the Procedure: Microlaryngeal Surgery

2. Indications:

Vocal Nodule
Vocal Cord Polyp
Vocal Cord Cyst
Laryngeal Papilloma
Laryngeal Carcinoma (For Biopsy)

3. Does the patient presented with hoarseness of voice, dysphonia, cough, throat pain:  
Yes/No

4. If the answer to question 3 is Yes then is there evidence of Vocal cord cyst on flexible  
Nasolaryngo scopy/ Stroboscopy: Yes/No (Upload reports/sketch)

For Eligibility for Microlaryngeal Surgery the answer to question 4 must be YES

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

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

**10). Microlaryngeal Surgery: S2B2.1**

1. Name of the Procedure: Microlaryngeal Surgery

2. Indications:

Vocal Nodule
Vocal Cord Polyp
Vocal Cord Cyst
Laryngeal Papilloma
Laryngeal Carcinoma (For Biopsy)

3. Does the patient presented with hoarsness of voice, vocal fatigue, pain in neck on prolonged phonation, breathlessness/ difficulty in breathing: Yes/No

4. If the answer to question 3 is Yes then is there evidence of papilloma on Indirect Laryngoscopy/ Stroboscopy/ Nasolaryngo endoscopy under LA: Yes/No (Upload report/sketch)

5. If the answer to question 4 is Yes is there evidence of metastasis on X-Ray chest: Yes/No

For Eligibility for Microlaryngeal Surgery the answer to question 5 must be No

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

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

**11). Microlaryngeal Surgery: S2B2.1**

1. Name of the Procedure: Microlaryngeal Surgery

2. Indications: Laryngeal Carcinoma (For Biopsy)

Vocal Nodule
Vocal Cord Polyp
Vocal Cord Cyst
Laryngeal Papilloma
Laryngeal Carcinoma (For Biopsy)

3. Does the patient presented with hoarseness of voice, mass in neck, stridor, referred pain to ear, weight loss: Yes/No

4. If the answer to question 3 is Yes then is there evidence of suspected laryngeal carcinoma on flexible Nasolaryngo scopy/ Indirect Laryngoscopy: Yes/No (Upload report/ sketch)

For Eligibility for Microlaryngeal Surgery the answer to question 4 must be YES

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

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**12). Phono Surgery For Vocal Cord Paralysis: S2B2.2**

1. Name of the Procedure: Phono Surgery For Vocal Cord Paralysis

2. Indications:

Vocal cord injury
Neck/chest injury
Stroke
Viral infection
Tumours
Inflammation

3. Does the patient presented with hoarseness of voice, stridor: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- CT scan/ MRI/ Stroboscopy/ Micro-laryngoscopy: Yes/No (Upload reports)

For Eligibility for Phono Surgery For Vocal Cord Paralysis the answer to question 4 must be YES

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

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

**13). Phono Surgery For Vocal Cord Paralysis: S2B2.2**

1. Name of the Procedure: Phono Surgery For Vocal Cord Paralysis

2. Indications:

Vocal cord injury
Neck/chest injury
Stroke
Viral infection
Tumours
Inflammation

3. Does the patient presented with surgical emphysema confined to neck/ loss of landmark such as thyroid prominence/ hoarseness of voice/ stridor/ dysphagia: Yes/No

4. If the answer to question 3 is Yes then is there evidence of vocal cord paralysis following neck/chest injury documented through investigations like CT scan/ MRI/ flexible laryngoscopy : Yes/No (Upload reports)

For Eligibility for Phono Surgery For Vocal Cord Paralysis the answer to question 4 must be YES

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

**14). Phono Surgery For Vocal Cord Paralysis: S2B2.2**

1. Name of the Procedure: Phono Surgery For Vocal Cord Paralysis

2. Indications:

Vocal cord injury
Neck/chest injury
Stroke
Viral infection
Tumours
Inflammation

3. Does the patient with stroke presented with change in voice, stridor, dyspnoea, cough, choking effect on taking liquids/food, aspiration of secretion : Yes/No

4. If the answer to question 3 is Yes then is there evidence of vocal cord paralysis documented through investigations like CT scan/ MRI/ Flexible laryngoscopy: Yes/No (Upload reports)

For Eligibility for Phono Surgery For Vocal Cord Paralysis the answer to question 4 must be YES

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

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

**15). Phono Surgery For Vocal Cord Paralysis: S2B2.2**

1. Name of the Procedure: Phono Surgery For Vocal Cord Paralysis

2. Indications:

Vocal cord injury
Neck/chest injury
Stroke
Viral infection
Tumours
Inflammation

3. Does the patient presented with change in voice, stridor, dyspnoea, cough, choking effect, pharyngeal secretions : Yes/No

4. If the answer to question 3 is Yes then is there evidence of vocal cord paralysis documented through investigations like CT scan/ MRI/ Flexible laryngoscopy: Yes/No (Upload reports)

For Eligibility for Phono Surgery For Vocal Cord Paralysis the answer to question 4 must be YES

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

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

**16). Phono Surgery For Vocal Cord Paralysis: S2B2.2**

1. Name of the Procedure: Phono Surgery For Vocal Cord Paralysis

2. Indications:

Vocal cord injury
Neck/chest injury
Stroke
Viral infection
<b>Tumours</b>
Inflammation

3. Does the patient presented with hoarseness of voice, vocal fatigue, stridor, pain in the neck on prolonged phonation: Yes/No

4. If the answer to question 3 is Yes then is there evidence of tumour documented through investigations like CT scan/ MRI/ Micro-laryngoscopy/ Stroboscopy: Yes/No (Upload reports)

For Eligibility for Phono Surgery For Vocal Cord Paralysis the answer to question 4 must be YES

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

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

**17). Phono Surgery For Vocal Cord Paralysis: S2B2.2**

1. Name of the Procedure: Phono Surgery For Vocal Cord Paralysis

2. Indications:

Vocal cord injury
Neck/chest injury
Stroke
Viral infection
Tumours
Inflammation

3. Does the patient presented with hoarseness of voice, vocal fatigue, dyspnoea: Yes/No

4. If the answer to question 3 is Yes then is there evidence of vocal cord paralysis documented through investigations like CT scan/ MRI/ Micro-laryngoscopy/ Stroboscopy: Yes/No (Upload reports)

For Eligibility for Phono Surgery For Vocal Cord Paralysis the answer to question 4 must be YES

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

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

**18). Laryngo Fissurectomy: S2B2.3**

1. Name of the Procedure: Laryngo Fissurectomy
2. Indications: Laryngeal fissure
3. Does the patient presented with stridor, change in voice, hemoptysis: Yes/No
4. If the answer to question 3 is Yes then whether CT scan has been done: Yes/No (Upload report)

For Eligibility for Laryngo Fissurectomy the answer to question 4 must be YES

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

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

**19). Excision Of Tumours In Pharynx: S2B2.4**

1. Name of the Procedure: Excision Of Tumours In Pharynx
2. Indications:

Hypopharyngeal cancer (subsite of upper aerodigestive tract)
Malignant tumors of the larynx and hypopharynx
Malignant tumors of the postcricoid area (pyriform sinus, posterior hypopharyngeal wall comprise the hypopharynx)
Benign tumors of the hypopharynx
Nasopharyngeal carcinoma
Solitary fibrous tumor of the hypopharynx
Oropharynx (squamos cell carcinomas)

3. Does the patient presented with dysphagia, pain or discomfort on swallowing, hemoptysis, hoarseness, mass in neck, weight loss, otalgia: Yes/No
4. If the answer to question 3 is Yes then is there evidence of Hypopharyngeal cancer documented through investigations like CT scan/ MRI scan/ Flexible Nasopharyngeal endoscopy, Biopsy: Yes/No (Upload reports)

For Eligibility for Excision Of Tumours In Pharynx the answer to question 4 must be YES

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

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

**20). Excision Of Tumours In Pharynx: S2B2.4**

1. Name of the Procedure: Excision Of Tumours In Pharynx
2. Indications:

Hypopharyngeal cancer (subsite of upper aerodigestive tract)
Malignant tumors of the larynx and hypopharynx
Malignant tumors of the postcricoid area (pyriform sinus, posterior hypopharyngeal wall comprise the hypopharynx)
Benign tumors of the hypopharynx
Nasopharyngeal carcinoma
Solitary fibrous tumor of the hypopharynx
Oropharynx (squamos cell carcinomas)

3. Does the patient presented with pain in throat, dysphagia, referred pain to ear, mass of lymph node in neck, hoarseness, stridor, pain on swallowing, dysphagia: Yes/No
4. If the answer to question 3 is Yes then is there evidence of malignant tumor of the larynx and hypopharynx documented through investigations like CT scan/ MRI scan, Biopsy: Yes/No (Upload reports)

For Eligibility for Excision Of Tumours In Pharynx the answer to question 4 must be YES

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

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

**21). Excision Of Tumours In Pharynx: S2B2.4**

1. Name of the Procedure: Excision Of Tumours In Pharynx

2. Indications:

Hypopharyngeal cancer (subsite of upper aerodigestive tract)
Malignant tumors of the larynx and hypopharynx
Malignant tumors of the postcricoid area (pyriform sinus, posterior hypopharyngeal wall comprise the hypopharynx)
Benign tumors of the hypopharynx
Nasopharyngeal carcinoma
Solitary fibrous tumor of the hypopharynx
Oropharynx (squamos cell carcinomas)

3. Does the patient presented with pricking sensation on swallowing, referred pain to ear, pain on swallowing, dysphagia, hoarseness, weight loss, aphonia, sometimes hemoptysis: Yes/No

4. If the answer to question 3 is Yes then is there evidence of Malignant tumors of the postcricoid area documented through investigations like CT scan/ MRI scan/ Fiberoptic Nasopharyngeal endoscopy, Biopsy: Yes/No (Upload reports)

For Eligibility for Excision Of Tumours In Pharynx the answer to question 4 must be YES

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

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

**22). Excision Of Tumours In Pharynx: S2B2.4**

1. Name of the Procedure: Excision Of Tumours In Pharynx

2. Indications:

Hypopharyngeal cancer (subsite of upper aerodigestive tract)
Malignant tumors of the larynx and hypopharynx
Malignant tumors of the postcricoid area (pyriform sinus, posterior hypopharyngeal wall comprise the hypopharynx)
Benign tumors of the hypopharynx
Nasopharyngeal carcinoma
Solitary fibrous tumor of the hypopharynx
Oropharynx (squamous cell carcinomas)

3. Does the patient presented with dysphagia, hoarseness, mass in neck: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- CT scan/ MRI scan/ Flexible Nasopharyngeal endoscopy, Biopsy: Yes/No (Upload reports)

For Eligibility for Excision Of Tumours In Pharynx the answer to question 4 must be YES

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

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

**23). Excision Of Tumours In Pharynx: S2B2.4**

1. Name of the Procedure: Excision Of Tumours In Pharynx

2. Indications:

Hypopharyngeal cancer (subsite of upper aerodigestive tract)
Malignant tumors of the larynx and hypopharynx
Malignant tumors of the postcricoid area (pyriform sinus, posterior hypopharyngeal wall comprise the hypopharynx)
Benign tumors of the hypopharynx
Nasopharyngeal carcinoma
Solitary fibrous tumor of the hypopharynx
Oropharynx (squamous cell carcinomas)

3. Does the patient presented with nasal obstruction, epistaxis, proptosis, otitis media, trismus, neck pain & stiffness, enlarged lymph node, cranial nerve III to XII palsy (except VII & VIII palsy): Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- CT scan/ MRI scan/ Nasal endoscopy, FNAC of lymph node: Yes/No (Upload reports)

For Eligibility for Excision Of Tumours In Pharynx the answer to question 4 must be Yes

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

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

**24). Excision Of Tumours In Pharynx: S2B2.4**

1. Name of the Procedure: Excision Of Tumours In Pharynx

2. Indications:

Hypopharyngeal cancer (subsite of upper aerodigestive tract)
Malignant tumors of the larynx and hypopharynx
Malignant tumors of the postcricoid area (pyriform sinus, posterior hypopharyngeal wall comprise the hypopharynx)
Benign tumors of the hypopharynx
Nasopharyngeal carcinoma
Solitary fibrous tumor of the hypopharynx
Oropharynx (squamous cell carcinomas)

3. Does the patient presented with dysphagia, choking sensation, dysphonia : Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- CT scan/  
Barium video fluoroscopic swallowing, FNAC: Yes/No (Upload reports)

For Eligibility for Excision Of Tumours In Pharynx the answer to question 4 must be Yes

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

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

**25). Excision Of Tumours In Pharynx: S2B2.4**

1. Name of the Procedure: Excision Of Tumours In Pharynx

2. Indications:

Hypopharyngeal cancer (subsite of upper aerodigestive tract)
Malignant tumors of the larynx and hypopharynx
Malignant tumors of the postcricoid area (pyriform sinus, posterior hypopharyngeal wall comprise the hypopharynx)
Benign tumors of the hypopharynx
Nasopharyngeal carcinoma
Solitary fibrous tumor of the hypopharynx
Oropharynx (squamos cell carcinomas)

3. Does the patient presented with soreness or discomfort in the throat, pain on swallowing or referred otalgia, dysphagia, trismus, 'plum in throat' voice, lymph node metastasis in the neck, hyponasal quality of voice: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- CT scan/ MRI scan, FNAC of lymph node: Yes/No (Upload reports)

For Eligibility for Excision Of Tumours In Pharynx the answer to question 4 must be Yes

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

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

**26). Parapharyngeal Tumour Excision: S2B2.5**

1. Name of the Procedure: Parapharyngeal Tumour Excision

2. Indications:

Transoral approach – Small benign tumors arising from minor salivary glands limited to prestyloid parapharyngeal space
Transcervical approach – Most post styloid parapharyngeal space tumors
Transcervical transparotid approach – Tumors arising from deep lobe of parotid
Transcervical Transmandibular approach – Very large tumors, vascular tumors with superior parapharyngeal space extension
Infratemporal fossa approach – Malignant tumors involving skull base or jugular foramen

3. Does the patient presented with painless mass in oral cavity or neck, dysphagia, deafness, fullness in ear, pharyngeal pain: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- FNAC, CT scan/ MRI: Yes/No (Upload reports)

For Eligibility for Parapharyngeal Tumour Excision the answer to question 4 must be Yes

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

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

**27). Parapharyngeal Tumour Excision: S2B2.5**

1. Name of the Procedure: Parapharyngeal Tumour Excision

2. Indications:

Transoral approach – Small benign tumors arising from minor salivary glands limited to prestyloid parapharyngeal space
Transcervical approach – Most post styloid parapharyngeal space tumors
Transcervical transparotid approach – Tumors arising from deep lobe of parotid
Transcervical Transmandibular approach – Very large tumors, vascular tumors with superior parapharyngeal space extension
Infratemporal fossa approach – Malignant tumors involving skull base or jugular foramen

3. Does the patient presented with mass in neck, pain & fullness in ear, dysphonia, bulge of the homolateral soft palate, tonsil and facial pillar : Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- FNAC, CT scan/ MRI: Yes/No (Upload reports)

For Eligibility for Parapharyngeal Tumour Excision the answer to question 4 must be Yes

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

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

**28). Parapharyngeal Tumour Excision: S2B2.5**

1. Name of the Procedure: Parapharyngeal Tumour Excision

2. Indications:

Transoral approach – Small benign tumors arising from minor salivary glands limited to prestyloid parapharyngeal space
Transcervical approach – Most post styloid parapharyngeal space tumors
<b>Transcervical transparotid approach – Tumors arising from deep lobe of parotid</b>
Transcervical Transmandibular approach – Very large tumors, vascular tumors with superior parapharyngeal space extension
Infratemporal fossa approach – Malignant tumors involving skull base or jugular foramen

3. Does the patient presented with painless mass in neck, pain & fullness in ear, dysphonia, bulge of the homolateral soft palate, tonsil and facial pillar, trismus, X & XII cranial nerve palsy: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- FNAC, CT scan/ MRI: Yes/No (Upload reports)

For Eligibility for Parapharyngeal Tumour Excision the answer to question 4 must be Yes

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

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

**29). Parapharyngeal Tumour Excision: S2B2.5**

1. Name of the Procedure: Parapharyngeal Tumour Excision

2. Indications:

Transoral approach – Small benign tumors arising from minor salivary glands limited to prestyloid parapharyngeal space
Transcervical approach – Most post styloid parapharyngeal space tumors
Transcervical transparotid approach – Tumors arising from deep lobe of parotid
Transcervical Transmandibular approach – Very large tumors, vascular tumors with superior parapharyngeal space extension
Infratemporal fossa approach – Malignant tumors involving skull base or jugular foramen

3. Does the patient presented with bulge in oral cavity, tonsil and facial pillar, swelling in the neck, fullness in ear, dysphonia: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- FNAC, CT scan/ MRI/ carotid angiography/ digital subtraction angiography (DSA): Yes/No (Upload reports)

For Eligibility for Parapharyngeal Tumour Excision the answer to question 4 must be Yes

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

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

**30). Parapharyngeal Tumour Excision: S2B2.5**

1. Name of the Procedure: Parapharyngeal Tumour Excision

2. Indications:

Transoral approach – Small benign tumors arising from minor salivary glands limited to prestyloid parapharyngeal space
Transcervical approach – Most post styloid parapharyngeal space tumors
Transcervical transparotid approach – Tumors arising from deep lobe of parotid
Transcervical Transmandibular approach – Very large tumors, vascular tumors with superior parapharyngeal space extension
Infratemporal fossa approach – Malignant tumors involving skull base or jugular foramen

3. Does the patient presented with painless mass, sore throat, dysphonia, dysphagia, trismus, nasal obstruction, oral fullness, pulsating tinnitus, deafness, syncope, vertigo, pharyngeal pain: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- FNAC, CT scan/ MRI/ carotid angiography: Yes/No (Upload reports)

For Eligibility for Parapharyngeal Tumour Excision the answer to question 4 must be Yes

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

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

**31). Adenoidectomy - Gromet Insertion: S2B2.6**

1. Name of the Procedure: Adenoidectomy - Gromet Insertion
2. Indication: Mouth breathing/ Sleep apnoea in children/ Otitis media with effusion in children
3. Does the patient presented with nasal obstruction & discharge, sinusitis, epistaxis, voice change, conductive hearing loss, adenoid facies, lack of concentration: Yes/No
4. If the answer to question 3 is Yes then is there evidence of enlarged adenoids on X ray Neck lateral view/ Nasal endoscopy: Yes/No (Upload report)

For Eligibility for Adenoidectomy - Gromet Insertion the answer to question 4 must be Yes

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

Treating Doctor Signature with Stamp

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

**32). Uvulo-Palato Pharyngoplasty: S2B2.7**

1. Name of the Procedure: Uvulo-Palato Pharyngoplasty

2. Indication:

Mild obstructive sleep apnoea with excessive day time fatigue
Apnoea – hypopnea index of 15 or more
Oxy Hb desaturation more than 90%
Cardiac arrhythmia associated with obstruction

3. Does the patient presented with snoring, excessive daytime sleepiness, morning headaches, personality change, poor memory, difficulty in concentrating, abnormal body movements: Yes/No

4. If the answer to question 3 is Yes then is there evidence of mild obstructive sleep apnoea confirmed through investigations like Polysomnography, CT/MRI, Thyroid function test, overnight pulse oximetry recording, lung function test: Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of soft palate level < 3+ and lower pharyngeal level > 2+ on muller's maneuver: Yes/No

For Eligibility for Uvulo-Palato Pharyngoplasty the answer to question 5 must be No

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

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

**33). Uvulo-Palato Pharyngoplasty: S2B2.7**

1. Name of the Procedure: Uvulo-Palato Pharyngoplasty

2. Indication:

Mild obstructive sleep apnoea with excessive day time fatigue
Apnoea – hypopnea index of 15 or more
Oxy Hb desaturation more than 90%
Cardiac arrhythmia associated with obstruction

3. Does the patient presented with snoring, excessive daytime sleepiness, morning headaches, personality change, poor memory, difficulty in concentrating, abnormal body movements: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- Polysomnography, CT/MRI, Thyroid function test, overnight pulse oximetry recording, lung function test: Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of soft palate level < 3+ and lower pharyngeal level > 2+ on muller's maneuver: Yes/No

For Eligibility for Uvulo-Palato Pharyngoplasty the answer to question 5 must be No

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

Treating Doctor Signature with Stamp

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

**34). Uvulo-Palato Pharyngoplasty: S2B2.7**

1. Name of the Procedure: Uvulo-Palato Pharyngoplasty

2. Indication:

Mild obstructive sleep apnoea with excessive day time fatigue
Apnoea – hypopnea index of 15 or more
Oxy Hb desaturation more than 90%
Cardiac arrhythmia associated with obstruction

3. Does the patient presented with snoring, excessive daytime sleepiness, morning headaches, personality change, poor memory, difficulty in concentrating, abnormal body movements: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- Polysomnography, CT/MRI, Thyroid function test, overnight pulse oximetry recording, lung function test: Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of soft palate level < 3+ and lower pharyngeal level > 2+ on muller's maneuver: Yes/No

For Eligibility for Uvulo-Palato Pharyngoplasty the answer to question 5 must be No

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

Treating Doctor Signature with Stamp

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

**35). Uvulo-PalatoPharyngoplasty: S2B2.7**

1. Name of the Procedure: Uvulo-PalatoPharyngoplasty

2. Indication:

Mild obstructive sleep apnoea with excessive day time fatigue
Apnoea – hypopnea index of 15 or more
Oxy Hb desaturation more than 90%
Cardiac arrhythmia associated with obstruction

3. Does the patient presented with snoring, excessive daytime sleepiness, morning headaches, personality change, poor memory, difficulty in concentrating, abnormal body movements: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- Polysomnography, CT/MRI, Thyroid function test, overnight pulse oximetry recording, lung function test: Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of soft palate level < 3+ and lower pharyngeal level > 2+ on muller's maneuver: Yes/No

For Eligibility for Uvulo-Palato Pharyngoplasty the answer to question 5 must be No

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

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

**36). Endoscopic Sinus Surgery: S2B3.1**

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with purulent nasal discharge, frontal & maxillary sinus tenderness, headache, nasal stuffiness, anosmia: Yes/No

4. If the answer to question 3 is Yes then is there evidence of Chronic sinusitis documented through investigations like X-ray Paranasal sinus/ CT scan (Para Nasal Sinus), Diagnostic Nasal Endoscopy: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery the answer to question 4 must be Yes

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

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

**37). Endoscopic Sinus Surgery: S2B3.1**

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with nasal obstruction, partial or total loss of sense of smell, headache, sneezing, watery nasal discharge, polypoidal mass protruding from nostril: Yes/No

4. If the answer to question 3 is Yes then is there evidence of Nasal polyposis documented through investigations like CT scan (Para Nasal Sinus), Diagnostic Nasal Endoscopy, Clinical photograph: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery the answer to question 4 must be Yes

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

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

**38). Endoscopic Sinus Surgery: S2B3.1**

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with H/O trauma, retro orbital pain, diplopia, peri-orbital swelling, restricted eye movement, headache: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- CT scan (Para Nasal Sinus)/ MRI scan, USG Orbit, photograph: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery the answer to question 4 must be Yes

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

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

**39). Endoscopic Sinus Surgery: S2B3.1**

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with watery nasal discharge, history of trauma, headache, anosmia, fever: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- CT cisternogram/ MRI cisternogram, B2 transferrin test, photograph: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery the answer to question 4 must be Yes

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

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

**40). Endoscopic Sinus Surgery: S2B3.1**

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with swelling, redness, pain, excess tears (epiphora): Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- X-ray PNS/ CT scan (Para Nasal Sinus), Diagnostic Nasal Endoscopy, photograph: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery the answer to question 4 must be Yes

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

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

**41). Endoscopic Sinus Surgery: S2B3.1**

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with nasal obstruction, mucopurulent secretion, frequent chronic epistaxis, hyposmia or anosmia, deafness, otalgia: Yes/No

4. If the answer to question 3 is Yes then is there evidence of Nasopharyngeal angiofibroma documented through CT scan (Para Nasal Sinus)/ MRI scan, Diagnostic Nasal Endoscopy, Carotid angiography: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery the answer to question 4 must be Yes

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

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

**42). Endoscopic Sinus Surgery: S2B3.1**

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with purulent nasal discharge, frontal or maxillary sinus tenderness, headache, nasal stuffiness or obstruction, anosmia: Yes/No

4. If the answer to question 3 is Yes then is there evidence of fungal sinusitis documented through investigations like X-ray PNS/ CT scan (PNS), Diagnostic Nasal Endoscopy: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery the answer to question 4 must be Yes

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

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

**43). Endoscopic Sinus Surgery: S2B3.1**

1. Name of the Procedure: Endoscopic Sinus Surgery

2. Indication:

Chronic sinusitis with complication
Nasal polyposis/Antrochoanal polyp
Optic nerve decompression
CSF rhinorrhoea
Dacryocystorhinostomy
Removal of Nasopharyngeal angiofibroma/Endoscopic removal of nasal tumor
Non-invasive fungal sinusitis
Biopsy of Tumours (Postero lateral wall of maxilla)

3. Does the patient presented with nasal stuffiness or obstruction, epistaxis, swelling of cheeks, facial paraesthesias, epiphora, trismus: Yes/No

4. If the answer to question 3 is Yes then is there evidence of maxillary tumor documented through investigations like CT scan (Para Nasal Sinus), Diagnostic Nasal Endoscopy, photograph: Yes/No (Upload reports)

For Eligibility for Endoscopic Sinus Surgery the answer to question 4 must be Yes

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

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

**44). Mastoidectomy: S2B3.2**

1. Name of the Procedure: Mastoidectomy

2. Indication:

Coalescent Mastoiditis
Masked Mastoiditis
Sub periosteal mastoid abscess/fistula

3. Does the patient presented with pain, headache, otalgia, otorrhoea, deafness, mastoid tenderness, sagging of postero-superior wall: Yes/No

4. If the answer to question 3 is Yes then is there evidence of coalescent mastoiditis documented through investigations like X ray Mastoid/ CT scan temporal bone, Pure tone audiogram: Yes/No (Upload reports)

For Eligibility for Mastoidectomy the answer to question 4 must be Yes

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

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

**45). Mastoidectomy: S2B3.2**

1. Name of the Procedure: Mastoidectomy

2. Indication:

Coalescent Mastoiditis
Masked Mastoiditis
Sub periosteal mastoid abscess/fistula

3. Does the patient presented with pain, headache, otalgia, otorrhoea, deafness, mastoid tenderness, sagging of postero-superior wall of ear canal: Yes/No

4. If the answer to question 3 is Yes then is there evidence of mastoiditis documented through investigations like X ray Mastoid/ CT scan temporal bone, Pure tone audiogram: Yes/No (Upload reports)

For Eligibility for Mastoidectomy the answer to question 4 must be Yes

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

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

**46). Mastoidectomy: S2B3.2**

1. Name of the Procedure: Mastoidectomy

2. Indication:

Coalescent Mastoiditis
Masked Mastoiditis
Sub periosteal mastoid abscess/fistula

3. Does the patient presented with post aural tenderness, swelling, fistula, foul smelling discharge from ear canal, decrease hearing, posterior superior sagging of ear canal, fever, headache : Yes/No

4. If the answer to question 3 is Yes then is there evidence of mastoid abscess/ fistula documented through investigations like X ray Mastoid/ CT scan temporal bone, Pure tone audiogram: Yes/No (Upload reports)

For Eligibility for Mastoidectomy the answer to question 4 must be Yes

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

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

**47). Tympanoplasty: S2B3.3**

1. Name of the Procedure: Tympanoplasty

2. Indication:

Conductive hearing loss due to Tympanic Membrane perforation
Conductive hearing loss due to ossicular discontinuity or necrosis
Conductive hearing loss due to ossicular ankylosis
Chronic or recurrent otitis media
Recurrent middle ear infections due to contamination through perforation of tympanic membrane
Progressive hearing loss due to chronic middle ear pathology
Create a safe ear

3. Does the patient presented with decreased hearing, otalgia, perforation of pars tensa:  
Yes/No

4. If the answer to question 3 is Yes then is there evidence of conductive hearing loss due to tympanic membrane perforation documented through investigations like Pure tone Audiometry and Ear microscopic examination: Yes/No (Upload audiometry report and sketch of microscopic examination)

For Eligibility for Tympanoplasty the answer to question 4 must be Yes

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

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

**48). Tympanoplasty: S2B3.3**

1. Name of the Procedure: Tympanoplasty

2. Indication:

Conductive hearing loss due to Tympanic Membrane perforation
Conductive hearing loss due to ossicular discontinuity or necrosis
Conductive hearing loss due to ossicular ankylosis
Chronic or recurrent otitis media
Recurrent middle ear infections due to contamination through perforation of tympanic membrane
Progressive hearing loss due to chronic middle ear pathology
Create a safe ear

3. Does the patient presented with discharge (muroid, mucopurulent or purulent), decreased hearing, otalgia, vertigo, perforation of tympanic membrane: Yes/No

4. If the answer to question 3 is Yes then is there evidence of ossicular discontinuity or necrosis documented through investigations like Pure tone Audiometry and Ear microscopic examination: Yes/No (Upload audiometry report and sketch of microscopic examination)

For Eligibility for Tympanoplasty the answer to question 4 must be Yes

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

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

**49). Tympanoplasty: S2B3.3**

1. Name of the Procedure: Tympanoplasty

2. Indication:

Conductive hearing loss due to Tympanic Membrane perforation
Conductive hearing loss due to ossicular discontinuity or necrosis
Conductive hearing loss due to ossicular ankylosis
Chronic or recurrent otitis media
Recurrent middle ear infections due to contamination through perforation of tympanic membrane
Progressive hearing loss due to chronic middle ear pathology
Create a safe ear

3. Does the patient presented with discharge, decreased hearing, otalgia, perforation of pars tensa: Yes/No

4. If the answer to question 3 is Yes then is there evidence of conductive hearing loss due to ossicular ankylosis documented through investigations like Pure tone Audiometry and Ear microscopic examination: Yes/No (Upload audiometry report and sketch of microscopic examination)

For Eligibility for Tympanoplasty the answer to question 4 must be Yes

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

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

**50). Tympanoplasty: S2B3.3**

1. Name of the Procedure: Tympanoplasty

2. Indication:

Conductive hearing loss due to Tympanic Membrane perforation
Conductive hearing loss due to ossicular discontinuity or necrosis
Conductive hearing loss due to ossicular ankylosis
Chronic or recurrent otitis media
Recurrent middle ear infections due to contamination through perforation of tympanic membrane
Progressive hearing loss due to chronic middle ear pathology
Create a safe ear

3. Does the patient presented with discharge (muroid, mucopurulent or purulent), decreased hearing, otalgia, perforation of pars tensa: Yes/No

4. If the answer to question 3 is Yes then is there evidence of chronic otitis media documented through investigations like Pure tone Audiometry and Ear microscopic examination: Yes/No (Upload audiometry report and sketch of microscopic examination)

For Eligibility for Tympanoplasty the answer to question 4 must be Yes

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

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

**51). Tympanoplasty: S2B3.3**

1. Name of the Procedure: Tympanoplasty

2. Indication:

Conductive hearing loss due to Tympanic Membrane perforation
Conductive hearing loss due to ossicular discontinuity or necrosis
Conductive hearing loss due to ossicular ankylosis
Chronic or recurrent otitis media
Recurrent middle ear infections due to contamination through perforation of tympanic membrane
Progressive hearing loss due to chronic middle ear pathology
Create a safe ear

3. Does the patient presented with mucopurulent discharge, decreased hearing, otalgia, perforation of pars tensa: Yes/No

4. If the answer to question 3 is Yes then is there evidence of perforation of tympanic membrane documented through investigations like Pure tone Audiometry and Ear microscopic examination: Yes/No (Upload audiometry report and sketch of microscopic examination)

For Eligibility for Tympanoplasty the answer to question 4 must be Yes

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

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

**52). Tympanoplasty: S2B3.3**

1. Name of the Procedure: Tympanoplasty

2. Indication:

Conductive hearing loss due to Tympanic Membrane perforation
Conductive hearing loss due to ossicular discontinuity or necrosis
Conductive hearing loss due to ossicular ankylosis
Chronic or recurrent otitis media
Recurrent middle ear infections due to contamination through perforation of tympanic membrane
Progressive hearing loss due to chronic middle ear pathology
Create a safe ear

3. Does the patient presented with mucoid, muco purulent or purulent discharge, decreased hearing, otalgia, tinnitus, vertigo, post aural swelling, perforation of tympanic membrane: Yes/No

4. If the answer to question 3 is Yes then is there evidence of hearing loss due to middle ear pathology documented through investigations like Pure tone Audiometry and Ear microscopic examination: Yes/No (Upload audiometry report and sketch of microscopic examination)

For Eligibility for Tympanoplasty the answer to question 4 must be Yes

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

Treating Doctor Signature with Stamp

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

**53). Tympanoplasty: S2B3.3**

1. Name of the Procedure: Tympanoplasty

2. Indication:

Conductive hearing loss due to Tympanic Membrane perforation
Conductive hearing loss due to ossicular discontinuity or necrosis
Conductive hearing loss due to ossicular ankylosis
Chronic or recurrent otitis media
Recurrent middle ear infections due to contamination through perforation of tympanic membrane
Progressive hearing loss due to chronic middle ear pathology
Create a safe ear

3. Does the patient presented with discharge from ear, decreased hearing, otalgia, perforation of pars tensa: Yes/No

4. If the answer to question 3 is Yes then is there evidence of perforation of tympanic membrane documented through investigations like Pure tone Audiometry and Ear microscopic examination: Yes/No (Upload audiometry report and sketch of microscopic examination)

For Eligibility for Tympanoplasty the answer to question 4 must be Yes

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

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

**54). Stapedectomy + Veingraft: S2B3.4**

1. Name of the Procedure: Stapedectomy + Veingraft

2. Indication:

Conductive hearing loss (due to fixation of stapes)
Air bone gap of at least 30 dB
Presence of Carhart's notch in the audiogram of a patient with conductive hearing loss (relative)
Good cochlear reserve as assessed by the presence of good speech discrimination

3. Does the patient presented with decreased hearing, paracusis willisii, tinnitus, monotonous well modulated soft speech: Yes/No

4. If the answer to question 3 is Yes then is there evidence of Conductive hearing loss (due to fixation of stapes confirmed through investigations like X-ray PNS/ CT Temporal Bone, Pure Tone Audiometry (PTA), Impedance audiometry, stapedial reflex, speech audiometry: Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of

- a. Only Hearing ear: Yes/No
- b. Stapedectomy on second ear: Yes/No
- c. Associated Meniere's disease: Yes/No
- d. Coclear otosclerosis: Yes/No

For Eligibility for Stapedectomy + Veingraft the answer to questions 5a & 5b & 5c & 5d must be No

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

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

**55). Stapedectomy + Veingraft: S2B3.4**

1. Name of the Procedure: Stapedectomy + Veingraft

2. Indication:

Conductive hearing loss (due to fixation of stapes)
Air bone gap of at least 30 dB
Presence of Carhart's notch in the audiogram of a patient with conductive hearing loss (relative)
Good cochlear reserve as assessed by the presence of good speech discrimination

3. Does the patient presented with decreased hearing, paracusis willisii, tinnitus, monotonous well modulated soft speech: Yes/No

4. If the answer to question 3 is Yes then is there evidence of air bone gap of atleast 30 dB confirmed through investigations like X-ray Mastoid/ CT Temporal Bone, Pure Tone Audiometry (PTA), Impedance audiometry, stapedial reflex, speech audiometry: Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of

- a. Only Hearing ear: Yes/No
- b. Stapedectomy on second ear: Yes/No
- c. Associated Meniere's disease: Yes/No
- d. Coclear otosclerosis: Yes/No

For Eligibility for Stapedectomy + Veingraft the answer to questions 5a & 5b & 5c & 5d must be No

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

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

**56). Stapedectomy + Veingraft: S2B3.4**

1. Name of the Procedure: Stapedectomy + Veingraft

2. Indication:

Conductive hearing loss (due to fixation of stapes)
Air bone gap of at least 30 dB
Presence of Carhart's notch in the audiogram of a patient with conductive hearing loss (relative)
Good cochlear reserve as assessed by the presence of good speech discrimination

3. Does the patient presented with decreased hearing, paracusis willisii, tinnitus, monotonous well modulated soft speech: Yes/No

4. If the answer to question 3 is Yes then is there evidence of Presence of Carhart's notch in the audiogram of a patient with conductive hearing loss documented through investigations like X-ray Mastoid/ CT Temporal Bone, Pure Tone Audiometry (PTA), Impedance audiometry, stapedia reflex, speech audiometry: Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of

- a. Only Hearing ear: Yes/No
- b. Stapedectomy on second ear: Yes/No
- c. Associated Meniere's disease: Yes/No
- d. Coclear otosclerosis: Yes/No

For Eligibility for Stapedectomy + Veingraft the answer to 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

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

**57). Stapedectomy + Veingraft: S2B3.4**

1. Name of the Procedure: Stapedectomy + Veingraft

2. Indication:

Conductive hearing loss (due to fixation of stapes)
Air bone gap of at least 30 dB
Presence of Carhart's notch in the audiogram of a patient with conductive hearing loss (relative)
Good cochlear reserve as assessed by the presence of good speech discrimination

3. Does the patient presented with decreased hearing, paracusis willisii, tinnitus, monotonous well modulated soft speech: Yes/No

4. If the answer to question 3 is Yes then are the following test being done- X-ray PNS/ CT Temporal Bone, Pure Tone Audiometry (PTA), Impedance audiometry, stapedial reflex, speech audiometry: Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of

- a. Only Hearing ear: Yes/No
- b. Stapedectomy on second ear: Yes/No
- c. Associated Meniere's disease: Yes/No
- d. Coclear otosclerosis: Yes/No

For Eligibility for Stapedectomy + Veingraft the answer to questions 5a & 5b & 5c & 5d must be No

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

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

**58). Excision Of Benign Tumour Nose: S2B3.5**

1. Name of the Procedure: Excision Of Benign Tumour Nose

2. Indication:

Epistaxis
Nasal Mass

3. Does the patient presented with bleeding from nostril, hemoptysis, nasal mass, nasal blockage, shock if severe & persistant epistaxis: Yes/No

4. If the answer to question 3 is Yes then is there evidence of benign nose tumour documented through investigations like CT Para Nasal Sinuses, diagnostic nasal endoscopy and biopsy: Yes/No (Upload reports)

For Eligibility for Excision Of Benign Tumour Nose the answer to question 4 must be Yes

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

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

**59). Excision Of Benign Tumour Nose: S2B3.5**

1. Name of the Procedure: Excision Of Benign Tumour Nose

2. Indication:

Epistaxis
Nasal Mass

3. Does the patient presented with nasal obstruction, partial or total loss of sense of smell, headache, sneezing, watery nasal discharge, mass protruding from nostril: Yes/No

4. If the answer to question 3 is Yes then is there evidence of nasal mass documented through investigations like CT Para Nasal Sinuses, diagnostic nasal endoscopy: Yes/No (Upload reports)

For Eligibility for Excision Of Benign Tumour Nose the answer to question 4 must be Yes

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

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

**60). Angiofibroma Nose: S2B3.6**

1. Name of the Procedure: Angiofibroma Nose
2. Indication: Vascular mass involving nasal cavities, para nasal sinuses or nasopharynx
3. Does the patient presented with nasal obstruction, mucopurulent secretions, epistaxis, hyposmia or anosmia, nasal intonation, deafness, otalgia, proptosis, swelling of cheeks, broadening of nasal bridge: Yes/No
4. If the answer to question 3 is Yes then is there evidence of angiofibroma nose documented through investigations like CT Para Nasal Sinuses/ MRI scan/ Carotid angiography, diagnostic nasal endoscopy: Yes/No (Upload reports)

For Eligibility for Angiofibroma Nose the answer to question 4 must be Yes

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

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

**61). Endoscopic DCR: S2B3.7**

1. Name of the Procedure: Endoscopic DCR
2. Indication: Epiphora caused by anatomical or functional lacrimal sac or nasolacrimal duct obstruction

Epiphora caused by anatomical or functional lacrimal sac or nasolacrimal duct obstruction
Chronic dacrocystitis
Lacrimal sac growth/ mass

3. Does the patient presented with pain, swelling, redness over the lacrimal sac at medial canthus, tearing, crusting, fever: Yes/No (Upload Clinical photograph)
4. If the answer to question 3 is Yes then is there evidence of sinusitis on X-ray PNS: Yes/No (Upload report)

For Eligibility for Endoscopic DCR the answer to question 4 must be No

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

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

**62). Endoscopic DCR: S2B3.7**

1. Name of the Procedure: Endoscopic DCR
2. Indication:

Epiphora caused by anatomical or functional lacrimal sac or nasolacrimal duct obstruction
Chronic dacrocystitis
Lacrimal sac growth/ mass

3. Does the patient presented with pain, swelling, redness over the lacrimal sac at medial canthus, tearing, crusting, fever, watery or mucoid or mucopurulent discharge from lower puntum after pressing near medial canthus (lacrimal sac area): Yes/No (Upload Clinical photograph)
4. If the answer to question 3 is Yes then is there evidence of sinusitis on X-ray PNS: Yes/No (Upload reports)

For Eligibility for Endoscopic DCR the answer to question 4 must be No

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

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

**63). Endoscopic DCR: S2B3.7**

1. Name of the Procedure: Endoscopic DCR

2. Indication:

Epiphora caused by anatomical or functional lacrimal sac or nasolacrimal duct obstruction
Chronic dacrocystitis
Lacrimal sac growth/ mass

3. Does the patient presented with painless mass, bloody tear or discharge, non tender, non regurgitating, non fluctuant mass: Yes/No (Upload Clinical photograph)

4. If the answer to question 3 is Yes then are the following tests being done- X ray PNS, diagnostic nasal endoscopy, (USG or CT scan – optional): Yes/No (Upload reports)

For Eligibility for Endoscopic DCR the answer to question 4 must be Yes

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

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

**64). Bronchoscopic Foreign Body Removal: S2B4.1**

1. Name of the Procedure: Bronchoscopic Foreign Body Removal
2. Indication: Aspiration Of Foreign Body
3. Does the patient presented with discomfort in throat, pain, hoarseness of voice, stridor, croupy cough, aphonia, dyspnoea, wheezing: Yes/No (Upload Clinical photograph)
4. If the answer to question 3 is Yes then is there evidence of foreign body documented through relevant X-ray: Yes/No (Upload report)

For Eligibility for Bronchoscopic Foreign Body Removal the answer to question 4 must be Yes

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

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

**65). Behind The Ear Analogue Hearing Aid: S2P1.1**

1. Name of the Procedure: Behind The Ear Analogue Hearing Aid

2. Indication:

Sensorineural Hearing Loss
Conductive Deafness- when surgery is refused/ not feasible/ failed

3. Does the patient presented with decreased hearing: Yes/No

4. If the answer to question 3 is Yes then is there evidence of sensorineural hearing loss documented through machine generated audiometry/ pure tone audiometry: Yes/No (Upload report)

For Eligibility for Behind The Ear Analogue Hearing Aid the answer to question 4 must be Yes

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

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

**66). Behind The Ear Analogue Hearing Aid: S2P1.1**

1. Name of the Procedure: Behind The Ear Analogue Hearing Aid

2. Indication:

Sensorineural Hearing Loss
Conductive Deafness- when surgery is refused/ not feasible/ failed

3. Does the patient presented with decreased hearing: Yes/No

4. If the answer to question 3 is Yes then is there evidence of conductive deafness documented through machine generated audiometry/ pure tone audiometry with hearing aid trial: Yes/No (Upload report)

For Eligibility for Behind The Ear Analogue Hearing Aid the answer to question 4 must be Yes

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

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