CATARACT FORM

कर्मचारी राज्य बीमा निगम अस्पताल,पीण्या, बेंगलूरु- 560 022.

EMPLOYEES' STATE INSURANCE CORPORATION
HOSPITAL, PEENYA, BENGALURU - 560 022.
(Under Ministry of Labour & Employment, Govt. of India)

DEPARTMENT OF OPHTHALMOLOGY

NAME IP NO.

AGE / SEX

PROTOCOL OF INVESTIGATIONS FOR EYE SURGERY

1. Blood :
   * Hb%
   * TC, DC
   * BT, CT
   * Urea, Creatinine
   * FBS / PPBS / RBS

2. Urine:
   * Albumin
   * Sugar
   * Micro

3. HIV / HBs Ag
4. Chest X-Ray
5. ECG (Echo & Cardiac Evaluation if any ECG changes)
6. Physician / Paediatrician Opinion
7. PAE
8. Biometry RE LE
   K1
   K2
   AXL
   IOL Power

Signature of Eye Specialist