

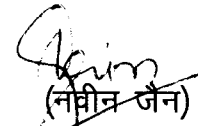
अति-आवश्यक

परिपत्र

विषय:—भामाशाह स्वास्थ्य बीमा योजना के अंतर्गत MINIMUM DOCUMENT PROTOCOL के तहत दस्तावेजों की सूची के सम्बन्ध में।

भामाशाह स्वास्थ्य बीमा योजना के अन्तर्गत न्यू इंडिया एश्योरेन्स कंपनी द्वारा अनावश्यक रूप से अनेक दस्तावेज अपलोड करने के लिए कहा जा रहा है तथा इस संबंध में अधिक मात्रा में क्वेरी लगाई जा रही है, जिससे क्लेम सैटलमेंट में तथा प्री ओथ क्वेरी की स्वीकृति में अनावश्यक विलंब हो रहा है। इस क्रम में प्रथम चरण में बीमा कंपनी की सहमति से अभी तक के अधिकतर बुक किये गये 156 एवं इसके समान डिजीज पैकेजेज के लिए न्यूनतम दस्तावेज (Minimum Document Protocol) लगाया जाना तय किया गया है।

अतः आप अपने जिले के सम्बंधित सरकारी एवं निजी अस्पतालों को यह परिपत्र एवं संलग्न सूची उपलब्ध कराते हुए इस बात को सुनिश्चित करावें की स्वास्थ्य मार्गदर्शक इन सभी 156 डिजीज पैकेजेज के लिए निर्धारित न्यूनतम दस्तावेज सॉफ्टवेयर में अपलोड करना सुनिश्चित करें जिससे की बीमा कंपनी द्वारा क्लेम का भुगतान नियमित समय सीमा में किया जा सके। बिना इन न्यूनतम दस्तावेजों बीमा कम्पनी द्वारा क्लेम का भुगतान नहीं किया जायेगा तथा साथ ही स्वास्थ्य मार्गदर्शक को अनावश्यक दस्तावेज अपलोड करने की आवश्यकता नहीं रहेगी।


(नेमीन जैन)

मुख्य कार्यकारी अधिकारी
राजस्थान स्टेट हैल्थ एश्योरेन्स एजेन्सी

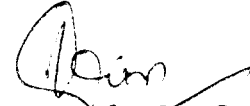
क्रमांक: एफ(22)/एनएचएम/भामा.स्वा.बीमा योजना/2015-16/

दिनांक :

प्रतिलिपि :-

37. विशिष्ट सहायक, माननीय मंत्री महोदय, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान।
38. प्रमुख शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान, जयपुर।
39. प्रमुख शासन सचिव, सूचना प्रौद्योगिकी एवं संचार विभाग, जयपुर को भेजकर निवेदन है कि यदि किसी मरीज के इलाज के लिये संलग्न सूची में से कोई पैकेज चयनित किया जाता है, तो सॉफ्टवेयर में संलग्न सूची में पैकेज के सामने अंकित दस्तावेजों को अपलोड कराने का प्रावधान करावें।
40. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा शिक्षा, राजस्थान।
41. निजी सचिव, विशिष्ट शासन सचिव एवं मिशन निदेशक, एनएचएम।
42. निजी सहायक, अतिरिक्त मिशन निदेशक, एनएचएम।

43. उप महाप्रबंधक, न्यू इंडिया एश्योरेन्स को उनकी ईमेल दिनांक 04.03.2016 के संबध में प्रेषित कर लेख है कि कृपया आप अपने सभी एनेलाइजरस को इस संबध में प्रशिक्षण प्रदान कर सुनिश्चित कराने कि भविष्य में इन दस्तावेजों के अतिरिक्त अन्य दस्तावेजों की मांग नहीं की जावे।
44. जिला नोडल अधिकारी (RAS RANK),(समस्त)
45. संभाग सयुक्त निदेशक, (समस्त संभाग)
46. प्राचार्य मेडिकल कॉलेज,(समस्त)
47. अधीक्षक मेडिकल कॉलेजों से सम्बन्धित सभी अस्पताल, (समस्त)
48. जिला नोडल अधिकारी समस्त,
49. मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (समस्त)
50. समस्त अतिरिक्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, (प.क)
51. प्रमुख चिकित्सा अधिकारी (समस्त)
52. नोडल अधिकारी (निजी सम्बद्ध अस्पताल समस्त)
53. डॉ अवतार सिंह दुआ, सूचना प्रौद्योगिकी एवं संचार विभाग।
54. सलाहकार, आई.एस.सी., एनएचएम।
55. सेन्द्रल सर्वर रूम – ईमेल एवं अपलोड करने हेतु।
56. रक्षित पत्रावली।



मुख्य कार्यकारी अधिकारी

राजस्थान स्टेट हैलथ एश्योरेन्स एजेन्सी

Minimum Diagnostic Documents under BHAMASHAH SWASTHYA BIMA YOJNA

The following documents are required at the time of submitting the claims

- Doctor's Prescription,
- Indoor Slip,
- Valid Photo ID of patient
- Valid ID of BSBY beneficiaries (copy of ration card or RSBY card)
- Patient's Photograph at the time of admission
- Patient's Photograph at the time discharge,
- Discharge ticket
- In addition to the above documents, the copies of only investigations reports mentioned against the following packages are required (Rest of the reports are need not to be uploaded):-

S.No.	PACKAGE_NAME	PKG CODE	Investigations Required Before Procedure
1.	Incision and Drainage of - large Abscess	10101030	Clinical Photograph or X-Ray or USG reports
2.	Intestinal Obstruction	10101090	X-Ray or USG Reports
3.	Lords Procedure - (haemorrhoids)	10101107	Doctor's Prescription (Description of ailment to be written)
4.	Orchidopexy with - Herniotomy	10101122	USG Reports
5.	Laprosopic Adhesiolysis	10101211	USG or CT or MRI Reports
6.	Laprosopic - Appenjdectomy	10101213	USG Reports
7.	Laprosopic - Cholecystectomy	10101214	USG Report
8.	Incision and Drainage of small abscess	10101251	Nil
9.	Suturing of wounds with - local anesthesia	10101287	Doctor's Prescription (Description of ailment to be written)
10.	Injury of Superficial Soft - Tissues - Debridement of wounds	10101326	Clinical Photograph
11.	Hernioplasty	10101341	USG Reports
12.	Cholecystostomy	10101350	USG, LFT, (+ - ERCP Reports if done)
13.	Inguinal hernia - - Unilateral	10102005	USG Reports
14.	Upper GI endoscopy	10102017	Doctor's Prescription (Description of ailment to be written)
15.	Upto 30% burns first dressing	10104001	Clinical Photograph
16.	Dog Bite 1 injection (dressing if required)	10104002	Nil
17.	Ossiculoplasty	10201003	Audiogram, X- Ray Mastoid Report
18.	Mastoidectomy	10201018	X-Ray Mastoid Reports or CT-Temporal Bone, Audiogram Report
19.	Tympanoplasty	10201027	X- Ray Mastoid Report, Audiogram Report
20.	Arthroplasty of Femur - head - Excision	10300026	X-Ray or CT Report
21.	Closed Interlocking - Intermedullary	10300036	X-Ray or CT or MRI Report
22.	Closed Reduction and - Internal Fixation	10300038	X-Ray Report
23.	Closed Reduction and - Internal	10300039	X-Ray or CT or MRI Report

86

S.No.	PACKAGE_NAME	PKG CODE	Investigations Required Before Procedure
	Fixation with K - wire		
24.	Debridement & Closure -- Major	10300044	X-Ray or Clinical Photograph
25.	Debridement & Closure -- Minor	10300045	X-Ray or Clinical Photograph
26.	Fracture - Femoral neck -- MUA & Internal Fixation	10300073	X-Ray or CT or MRI Report
27.	Fracture - Hip Internal - Fixation	10300076	X-Ray or CT or MRI Report
28.	Fracture - Humerus - Internal Fixation	10300077	X-Ray Report
29.	Fracture - Radius Internal - Fixation	10300079	X-Ray Report
30.	Fracture - TIBIA Internal - Fixation	10300080	X-Ray or CT Reports
31.	Fracture - Ulna Internal - Fixation	10300081	X-RAY Report
32.	Hip Region Surgery	10300087	X-Ray, USG or CT or MRI Report
33.	Joint Reconstruction	10300091	X-Ray or CT Reports
34.	Open Reduction Internal - Fixation (Large Bone)	10300099	X-Ray Report
35.	Application of P.O.P. - casts for Upper & Lower - Limbs	10300129	X-Ray Report
36.	Close Reduction of - Fractures of Limb & P.O.P.	10300136	X-Ray Report
37.	Cystocele - Anterior repair	10300136	USG Reports
38.	Fracture - Radius Internal - Fixation + Fracture - Ulna - Internal Fixation	10300145	X-RAY Report
39.	Closed Interlocking - Intermedullary+Closed reduction and internal fixation with K wire	10300150	X-Ray or CT or MRI Report
40.	Acromion reconstruction - +Fracture - Humerus - Internal Fixation	10300153	X-Ray Report
41.	Fracture - Humerus - Internal Fixation+Fracture - - Olecranon of Ulna	10300154	X-Ray Report
42.	Fracture - Radius Internal - Fixation+Fracture - Ulna - Internal Fixation	10300156	X-Ray Report
43.	Open Reduction Internal - Fixation (Large Bone) + Hip Region Surgery	10300168	X-Ray or CT Report
44.	Closed Interlocking - Intermedullary+Debridement & closure - Major	10300173	X-Ray or CT or MRI Report
45.	Ovarian Cystectomy	10401007	USG, FNAC or BIOPSY Reports
46.	Prolapse Uterus - Manchester	10401016	USG Reports
47.	Salpingoophrectomy	10401018	USG or CT, FNAC or Biopsy Reports
48.	Normal Delivery	10401024	Doctor's Prescription (Description of ailment to be written)
49.	Caesarean delivery	10401025	Doctor's Prescription (Description of ailment to be written)
50.	Low Forceps+ Normal delivery	10401028	Doctor's Prescription (Description of ailment to be written)
51.	Lower Segment Caesarean - Section	10401030	Doctor's Prescription (Description of ailment to be written)
52.	Nomal delivery with episioty and	10401032	Doctor's Prescription (Description of

S.No.	PACKAGE_NAME	PKG CODE	Investigations Required Before Procedure
	P repair		ailment to be written)
53.	Caesarean delivery + Tubectomy	10401037	Doctor's Prescription (Description of ailment to be written)
54.	Pre-eclampsia + Caesarean Delivery	10401038	CBC, Urine Albumin Reports
55.	Pre-eclampsia + Normal - Delivery	10401039	CBC, Urine Albumin Reports
56.	Normal Delivery + Tubectomy	10401040	Doctor's Prescription (Description of ailment to be written)
57.	Comprehensive mother - package (three antenatal checkup , diagnostics , treatment and Delivery - normal or caesarian)	10401048	USG Report, Hb, CBC, VDRL,TT Injection Status,Blood Grouping
58.	Normal delivery + - perineal tear repair	10401055	Doctor's Prescription (Description of ailment to be written)
59.	Suction evacuation - vesicular mole, missed abortion D or E	10401069	USG Report If Available
60.	Comprehensive mother - package (three antenatal checkup , diagnostics , treatment and Delivery - normal or caesarian)	10401070	USG Reports, Hb, CBC, VDRL,TT Injection Status,Blood Grouping
61.	D&C (Dilatation & - curettage)	10401071	USG Report If Available
62.	Conventional Tubectomy	10401074	Doctor's Prescription (Description of ailment to be written)
63.	D&C (Dilatation & - curettage)upto 8 wks	10401077	USG Report If Available
64.	Insertion of IUD Device	10401078	Doctor's Prescription (Description of ailment to be written)
65.	Laproscopy - Salpingoplasty or ligation	10401079	Doctor's Prescription (Description of ailment to be written)
66.	PCNL (Percutaneous - nephro lithotomy) - Unilateral	10500035	USG or X-Ray KUB or CT Report
67.	Ureteroscopy PCNL	10500059	X-Ray , KUB or USG or CT or MRI Report
68.	Stricture Urethra+TURP - (Trans-Urethral Resection of Bladder)Prostate	10500096	U.Scopy or Uroflowmetry, USG Report
69.	Haematoma - Brain (head injuries)	10600014	CT or MRI Report
70.	Vitrectomy + Retinal - Detachment	10700033	Clinical Photograph, Ophthalmoscopy Report or A-Scan
71.	Pterigium + Conjunctival - Autograft	10700060	Clinical Photograph
72.	Pterigium + Conjunctival - Autograft +Glaucoma surgery (trabeculectomy)	10700063	Clinical Photograph, ophthalmoscopy/ gonioscopy reports +Doctor's prescription (for glaucoma)
73.	Basic Package for Neo - Natal Care (Package for Babies admitted for short term care for conditions like: Transient tachypnoea of newborn, Mild birth asphyxia, Jaundice requiring phototherapy, Hemorrhagic disease of newborn, Large for date	10801002	Any Reports if Investigation done (Not mandatory)

88

S.No.	PACKAGE_NAME	PKG CODE	Investigations Required Before Procedure
74.	Special Pkg for Neo Natal Care (Babies admitted with mild-moderate respiratory distress, Infections or sepsis with no major complications, Prolonged or persistent jaundice, Assisted feeding for low birth weight - babies (<1800 gms), Neonatal seizures)	10801003	Any Reports if Investigation done (Not mandatory)
75.	Advanced Pkg for - Neo Natal Care (Low birth weight babies <1500 gm and all babies admitted with complications like Meningitis, Severe respiratory distress - Shock, Coma, Convulsions or Encephalopathy, Jaundice requiring exchange transfusion, NEC)	10801004	Reports In Favour Of Diagnosis
76.	General Ward (per day):Unspecified - Description of ailment to be written.	11001001	Doctor's Prescription (Description of ailment to be written)
77.	ICU(per day)-designated air - conditioned space, with Standard ICU bed, equipment for the constant monitoring for vitals, emergency crash cart or tray, defibrillator, ventilators, suction pumps, bedside oxygen facility.	11001002	Doctor's Prescription (Description of ailment to be written)
78.	ICU(Two days)-designated air - conditioned space, with Standard ICU bed, equipment for the constant monitoring for vitals, emergency crash cart or tray, defibrillator, ventilators, suction pumps, bedside oxygen facility.	11001012	Doctor's Prescription (Description of ailment to be written)
79.	ICU(Three days)-designated air - conditioned space, with Standard ICU bed, equipment for the constant monitoring for vitals, emergency crash cart or tray, defibrillator, ventilators, suction pumps, bedside oxygen facility.	11001013	Doctor's Prescription (Description of ailment to be written)
80.	ICU(Four days)-designated air - conditioned space, with Standard ICU bed, equipment for the constant monitoring for vitals, emergency crash cart or tray, defibrillator, ventilators, suction pumps, bedside oxygen facility.	11001014	Doctor's Prescription (Description of ailment to be written)

85

S.No.	PACKAGE_NAME	PKG CODE	Investigations Required Before Procedure
81.	ICU(Five days)-designated air - conditioned space, with Standard ICU bed, equipment for the constant monitoring for vitals, emergency crash cart or tray, defibrillator, ventilators, suction pumps, bedside oxygen facility.	11001015	Doctor's Prescription (Description of ailment to be written)
82.	ICU(Six days)-designated air - conditioned space, with Standard ICU bed, equipment for the constant monitoring for vitals, emergency crash cart or tray, defibrillator, ventilators, suction pumps, bedside oxygen facility.	11001016	Doctor's Prescription (Description of ailment to be written)
83.	ICU(Seven days)-designated air - conditioned space, with Standard ICU bed, equipment for the constant monitoring for vitals, emergency crash cart or tray, defibrillator, ventilators, suction pumps, bedside oxygen facility.	11001017	Doctor's Prescription (Description of ailment to be written)
84.	ICU(Eight days)-designated air - conditioned space, with Standard ICU bed, equipment for the constant monitoring for vitals, emergency crash cart or tray, defibrillator, ventilators, suction pumps, bedside oxygen facility.	11001018	Doctor's Prescription (Description of ailment to be written)
85.	ICU(Nine days)-designated air - conditioned space, with Standard ICU bed, equipment for the constant monitoring for vitals, emergency crash cart or tray, defibrillator, ventilators, suction pumps, bedside oxygen facility.	11001019	Doctor's Prescription (Description of ailment to be written)
86.	ICU(Ten days)-designated air - conditioned space, with Standard ICU bed, equipment for the constant monitoring for vitals, emergency crash cart or tray, defibrillator, ventilators, suction pumps, bedside oxygen facility.	11001020	Doctor's Prescription (Description of ailment to be written)
87.	General Ward (Two Days): Unspecified - Description of ailment to be written.	11001003	Doctor's Prescription (Description of ailment to be written)
88.	General Ward (Three Days): Unspecified - Description of ailment to be written.	11001004	Doctor's Prescription (Description of ailment to be written)

90

S.No.	PACKAGE_NAME	PKG CODE	Investigations Required Before Procedure
89.	General Ward (Four Days): Unspecified- Description of ailment to be written.	11001005	Doctor's Prescription (Description of ailment to be written)
90.	General Ward (Five Days): Unspecified- Description of ailment to be written.	11001006	Doctor's Prescription (Description of ailment to be written)
91.	General Ward (Six Days): Unspecified- Description of ailment to be written.	11001007	Doctor's Prescription (Description of ailment to be written)
92.	General Ward (Seven Days): Unspecified -Description of ailment to be written.	11001008	Doctor's Prescription (Description of ailment to be written)
93.	General Ward (Eight Days): Unspecified -Description of ailment to be written.	11001009	Doctor's Prescription (Description of ailment to be written)
94.	General Ward (Nine Days): Unspecified - Description of ailment to be written.	11001010	Doctor's Prescription (Description of ailment to be written) Any reports if available
95.	General Ward (Ten Days): Unspecified - Description of ailment to be written.	11001011	Doctor's Prescription (Description of ailment to be written) Any reports if available
96.	Upto 30% burns subsequent dressing	11002001	Clinical Photograph
97.	Whole Blood per unit	11002003	Blood Count or Hb Report, BT Bag Sticker
98.	Packed cells per unit	11002006	Blood Count or Hb Report, BT Bag Sticker
99.	Fixation of fracture of jaw	11100002	X-Ray Reports
100.	Complicated Ext. per - Tooth including LA	11100005	X-Ray Report
101.	Extraction of tooth - including LA	11100008	Doctor's Prescription (Description of ailment to be written)
102.	Impacted Molar including - LA	11100012	X-Ray Reports
103.	Abscess incision	11100016	Clinical Photograph
104.	Restoration of teeth per - tooth	11100034	X-RAY Report
105.	Treatment of gums through scaling (three sittings)	11100035	Doctor's Prescription (Description of ailment to be written)
106.	Root canal treatment per - tooth	11100036	X-RAY Report
107.	20% burns or scalds or burns over face (with or without grafting)	20105001	Clinical Photograph
108.	TURP	20500017	USG, U.Scopy or UROFLOWMETRY Reports
109.	Maintenance Hemodialysis (Mhd) (With Inj. Erythropoetine With Inj. Iron) -Per Dialysis.	20500045	Previous RFT (Serum Creatinine , Urea)
110.	Cervical Cancer - Weekly Cisplatin	20901009	Previous Biopsy or FNAC , Previous USG or CT or MRI Reports

S.No.	PACKAGE_NAME	PKG CODE	Investigations Required Before Procedure
111.	Vulval Cancer - Cisplatin or 5-FU	20901010	Previous Biopsy or FNAC , Previous USG or CT or MRI Reports
112.	Vaginal Cancer - Cisplatin or 5-FU	20901011	Previous Biopsy or FNAC , Previous USG or CT or MRI Reports
113.	Carboplatin or Paclitaxel	20901012	Previous Biopsy or FNAC , Previous USG or CT or MRI Reports
114.	Bladder Cancer - Weekly Cisplatin	20901022	Previous Biopsy or FNAC , Previous USG or CT or MRI Reports
115.	Gemcitabine or Carboplatin	20901024	Previous Biopsy or FNAC , Previous USG or CT or MRI Reports
116.	Esophageal Cancer - Weekly Cisplatin or Carboplatin Cisplatin-5FU Epirubicin or Taxanes	20901027	Previous Biopsy or FNAC , Previous USG or CT or MRI Reports
117.	Colorectal Cancer - 5-FU-Oxaliplatin - Leucovorin (FOLFOX) (Stage III only)	20901030	FNAC or Biopsy, USG or CT Reports
118.	Palliative Chemotherapy	20901052	Previous Biopsy or FNAC , Previous USG or CT or MRI Reports
119.	Palliative and Supportive Therapy	20901053	Previous Biopsy or FNAC , USG or CT or MRI Reports, Previous Hospital Papers
120.	Palliative and Supportive Therapy	20901053	Previous Biopsy or FNAC , Previous USG or CT or MRI Reports
121.	Head & Neck Cancer - Weekly Cisplatin	20901068	Previous Biopsy or FNAC , Previous USG or CT or MRI Reports
122.	Radical treatment - Cobalt 60 external beam radiotherapy	20903001	Previous Biopsy or FNAC Report , Previous USG or CT or MRI Reports
123.	Palliative treatment - Cobalt 60 external beam radiotherapy	20903002	Previous Biopsy or FNAC , Previous USG or CT or MRI Reports
124.	Radical treatment with photons - Linear Accelerator	20903004	Previous Biopsy or FNAC , Previous USG or CT or MRI Reports
125.	Palliative treatment with photons - Linear Accelerator	20903005	Previous Biopsy or FNAC , Previous USG or CT or MRI Reports
126.	Radical treatment with IMRT	20903009	FNAC or Biopsy, USG or CT Reports
127.	Radical treatment with IGRT - LA with multi leaf collimator	20903010	Previous Biopsy or FNAC , Previous USG or CT or MRI Reports
128.	Bronchiectasis with repeated hospitalization > 6 per year	21004001	X- Ray or CT or MRI, Spirometry, Sputum Culture Reports
129.	Interstitial Lung diseases	21004002	X-Ray or CT, Bronchoscopy, Spirometry Reports
130.	Acute Respiratory Failure (without ventilator)	21004004	X-Ray Report, ABG Analysis
131.	Coronary Balloon Angioplasty	21201001	ECG, Angiography Report
132.	Cath with Oximetry	21201002	Echo, Angiography Report, ABG Analysis
133.	Cath without Oximetry	21201003	Angiography Report
134.	Refractory Cardiac Failure	21201007	Echo or Angiography, CPK-MB Reports
135.	PTCA - one stent (non-medicated)	21201013	Angiography Report
136.	PTCA - 2 stent (non-medicated)	21201014	Angiography Report
137.	Medical treatment of Acute MI with Thrombolysis	21201028	ECG or Echo, Cardiac Enzyme Level

39

S.No.	PACKAGE_NAME	PKG CODE	Investigations Required Before Procedure
138.	CABG	21202006	Echo, Angiography Reports
139.	CABG - Re-Do	21202007	Echo, Angiography Reports
140.	CABG with IABP	21202008	Echo, Angiography Reports
141.	CABG with Aneurysmal repair	21202009	Echo, Angiography Reports
142.	CABG with MV repair	21202010	Echo, Angiography Reports
143.	CABG with post MI VSD repair	21202011	Echo, Angiography Reports
144.	Mitral Valve Replacement	21202019	Echo Reports
145.	Appendicectomy	30101003	USG Report , CBC
146.	Cholecystectomy & - Exploration of CBD	30101026	USG Report, LFT
147.	Hysterectomy with - bilateral salpingoophorectomy + Adhenolysis*	30101045	USG or CT, FNAC or Biopsy Reports
148.	Septoplasty	30202002	X-Ray Reports, Clinical Photograph
149.	Hysterectomy - abdominal*	30401002	USG or CT, FNAC or Biopsy Reports
150.	Hysterectomy - Vaginal*	30401003	USG or CT , FNAC or Biopsy Reports
151.	Salpingoophrectomy + Hysterectomy - abdominal*	30401021	USG or CT or MRI, FNAC or Biopsy Reports
152.	Hysterectomy (Abdominal - and Vaginal) + Cystocele - Anterior Repair*	30401022	USG or CT, FNAC or Biopsy Reports
153.	Hysterectomy (Abdominal and Vaginal) + Salpingoophrectomy	30401024	USG or CT, FNAC or Biopsy Reports
154.	Hysterectomy (Abdominal - and Vaginal) + Cystocele - Anterior Repair + Perineal Tear Repair*	30401028	USG, Biopsy or FNAC Reports
155.	Cataract – Unilateral with - IOL	30700001	IOL Implant Sticker
156.	Cataract with foldable - IOL by Phaco emulsification tech. unilateral or SICS with foldable lens	30700006	IOL Implant Sticker

NOTE:

1. In case of Chemo or Radio Therapy and Hemodialysis the old reports in favour of diagnosis are enough because pt. needs therapy multiple times in a month and diagnostics are not conducted every time.
2. In case of emergency, if reports is not available, findings should be mentioned over Prescription.