**Annexure- CM - OPHTHALMOLOGY**

**Spectrum of Diagnosis in the Specialty of Ophthalmology:** Spectrum of diagnosis available in the department in last 3 years

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| **Spectrum of Diagnosis (Indicative Spectrum of Diagnosis is listed below)** | **Year wise no. of Clinical / Surgical Procedures** | | |
| **2019** | **2018** | **2017** |
| **Spectrum of Clinical Diagnosis** |  |  |  |
| Corneal Diseases |  |  |  |
| Retinal Diseases |  |  |  |
| Orbit and Occuloplasty |  |  |  |
| Glaucoma |  |  |  |
| Squint and Paediatric Ophthalmology |  |  |  |
| Keratoplasty and Eye Banking |  |  |  |
| Others |  |  |  |
| **Spectrum of Surgical Diagnosis** |  |  |  |
| Cataract Surgery by Phacoemulisification with IOL |  |  |  |
| Glaucoma Surgery |  |  |  |
| DTC/DCR |  |  |  |
| Pterygium |  |  |  |
| Chalazion |  |  |  |
| Squint |  |  |  |
| Retinal Detachment |  |  |  |
| Vitrectomy |  |  |  |
| Keratoplasty |  |  |  |
| Complex Eye Injuries |  |  |  |
| Corneal Tear |  |  |  |
| Foreign Body Removal |  |  |  |
| Tarsorrhaphy |  |  |  |
| Cyst Removal |  |  |  |
| Intravitreal Inj. |  |  |  |
| Lid Repair |  |  |  |

**Date:**

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| **Signatures of Head of the Department**  **with stamp** | **Signature with official stamp of Administrative Head of the Institute/Hospital**  (Authorized signatory on behalf of applicant hospital) |