



**Indian Orthopaedic Association  
&  
Orthopaedic Surgeons Society  
Of Andhra Pradesh**



**Bone & Joint Day 2019**

**Format for sending Free Surgery Details**

Name of Surgeon :

OSSAP LM No :

Address :

Phone & E-mail id :

S. No	Details of the Patient		Diagnosis	Type of Surgery performed	Date of Surgery	Approximate Cost waived
	Name	Age / Sex				

**SURGERY PICTURE**

**SURGERY PICTURE**

**Date:**

**Signature of Surgeon**

**Note:** Kindly send scan copy of completed format & photographs- pre-op and intra op (with OT team) & post-op to Dr J. NARESH BABU, OSSAP SECRETARY @whats up 9989426898 / Email: [ossapmail@gmail.com](mailto:ossapmail@gmail.com) and mark copy to [narehspine@yahoo.com](mailto:narehspine@yahoo.com)