



**Indian Orthopaedic Association  
&  
Tamilnadu Orthopaedic Association**



**BONE & JOINT DAY 2020**

**Format to Send Free Surgery Details**

**Name of the Surgeon:**

**TNOA LM No:**

**Address:**

**Phone No & Email id:**

S.No	Details of the patient		Diagnosis	Type of surgery Performed	Date of Surgery	Approximate Cost Waived
	Name Hospital ID	Age / Sex				

**Date:**

**Signature of Surgeon**

**Note:** Kindly submit scanned copy of completed format & Photographs – Pre-Op, Intra-Op (with OT Team) and Post-Op to **Dr C J Ravi**, BJD Coordinator & TNOA Joint Secretary @ Whatsapp 9842964440 / Email [jtsectnoa@gmail.com](mailto:jtsectnoa@gmail.com) & mark a copy to [secretarytnoa@gmail.com](mailto:secretarytnoa@gmail.com)

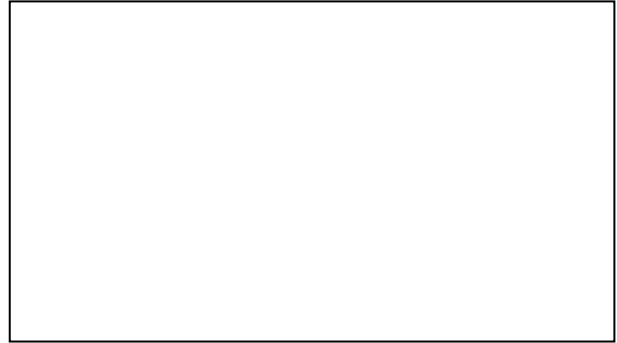
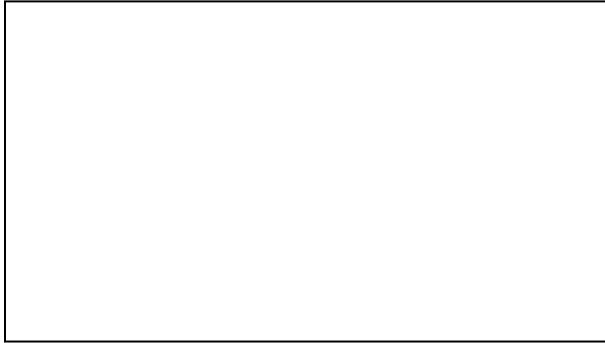


IOA & TNOA  
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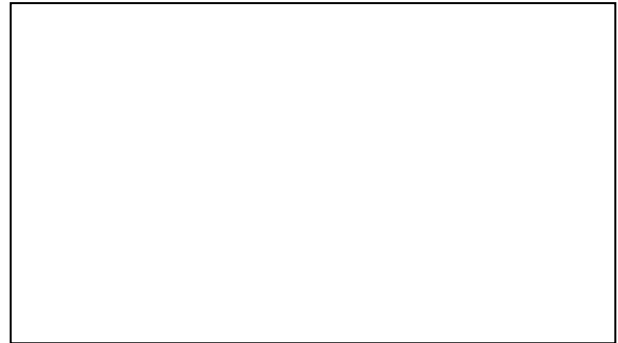
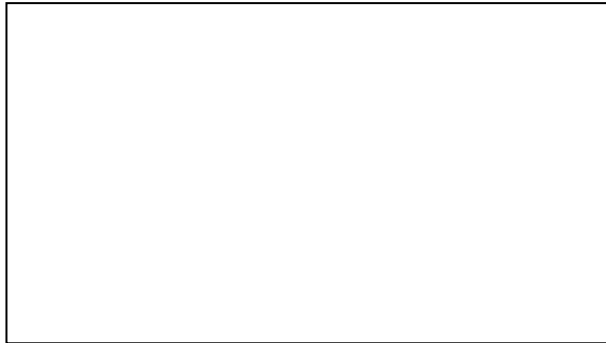


Free Surgery Photographs

Pre-Operative X-ray / Image



Intra-Operative Picture (with OT Team)



Post-Operative X-ray / Image

