

Medical Necessity for Upper Lid Blepharoplasty

Date: _____

Patient Name: _____

You have diagnosed with the following condition:

- Dermatochalasis 374.87
- Ptosis 374.30-374.34
- Inflammation of Eyelids 373.4-373.6

Due to the severity of this condition, upper lid blepharoplasty surgery has been recommended as a means of correction.

We will proceed with this surgery only if the condition is significant enough to you that it affects your daily activities.

Please document which symptoms or conditions below apply.

- Eyelids interfere with vision.
- Difficulty to read at times due to eyelids.
- Feels like you are looking through your lashes.
- Your eyelids are chronically blocking your vision.
- You have chronic irritation of upper eyelid skin.
- You see better if you hold your eyelids up.
- Have headaches commonly late in the day, especially across forehead or temples.
- Feel eyelids are blocking your peripheral vision.

I feel the above conditions are negatively affecting my daily activities to a degree that I desire treatment to gain improvement.

Patient Signature

Date