



BRACHIAL PLEXUS SURGERY GROUP OF INDIA
(Membership Form)

Photograph
(Send two passport prints, paste one)

Name:.....

Speciality: Plastic Hand Neuro Ortho Others

Qualification :
.....

Address for correspondence:
.....
.....
.....

Telephone No. : Cell:

Email ID: Fax No.:

Institution Private Public

Name & Address:
.....
.....

Telephone No. :

LIFE MEMBERSHIP : Full

Full life membership Rs. 7500/-

The demand draft should be drawn in favour of “Brachial Plexus Surgery Group of India” payable at Chennai.

Since when you are doing Brachial Plexus Work?

.....

Did you have any formal training in Brachial Plexus Surgery? If so where?

.....

How many cases of Brachial Plexus Injury in a year you see?

	Registered	Operated
Adults		
Children		

Common Investigations you prefer:

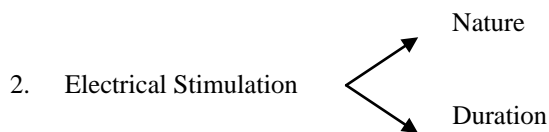
- X-ray
 EMG
 CT
 MRI
 Myelogram

What percentage of cases correlate with investigations and operative findings?

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What is the protocol for Pre operative and Post Operative management?

- Nature of the splinting
 - Sling
 - Abduction Splint
 - No splint



Primary Nerve Reconstruction - Timing of surgery

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How do patients reach you

- Direct
- Referrals
- General Practitioners
 General Surgeons
 Orthopaedic Surgeons
 Neuro Surgeons

Your comments on Results, referral and problems you face.

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Date:

From,

To,

Dr. V.PURUSHOTHAMAN MBBS,MS,Mch,MNAMS
Secretary & Treasurer,
Brachial Plexus Surgery Group of India,,
AA-55,SECOND STREET,ANNANAGAR,
CHENNAI.600040
INDIA.

Dear Doctor,

I am herewith enclosing a draft for Rs. as my LIFE MEMBERSHIP (FULL)
MEMBERSHIP fee.

Kindly acknowledge.

Yours sincerely,

(Tear here)-----

Kindly send this letter along with the DD and the membership form to the above address