



Place **PATIENT DETAILS** label here
and/or
if any patient details are not available on the hospital label please complete below

Surname: Female: Male:
 First Name: Middle Initial:
 Address:
 Post Code:
 Hospital Patient No: DOB:/...../.....
 Medicare No: DVA No. (If applicable)

Name of Hospital: State:
 Consultant Surgeon Code:

Weight (kg) Height (cm) ASA

PLEASE COMPLETE THIS SECTION IN FULL
 (COMPLETE A SEPARATE FORM FOR EACH LEVEL)

OPERATION DATE/...../..... **LEVEL**

PRIMARY **REVISION or REMOVAL**
 (Tick more than one box if applicable) Revision includes: removal, exchange or addition of one or more components
 (Tick more than one box if applicable)

DIAGNOSIS	DIAGNOSIS
Disc Disease	Loosening <input type="checkbox"/>
With radiculopathy <input type="checkbox"/>	Lysis <input type="checkbox"/>
Without radiculopathy <input type="checkbox"/>	Dislocation <input type="checkbox"/>
Spondylolisthesis <input type="checkbox"/>	Infection <input type="checkbox"/>
Adjacent segment syndrome <input type="checkbox"/>	Implant Breakage: <i>specify below</i> <input type="checkbox"/>
Post laminectomy or discectomy <input type="checkbox"/>	Fracture: <i>specify below</i> <input type="checkbox"/>
Adjacent to concurrent fusion <input type="checkbox"/>	Neurological: <i>specify below</i> <input type="checkbox"/>
Pain of unknown cause <input type="checkbox"/>	Other: <i>specify below</i> <input type="checkbox"/>
Other: <i>specify</i> <input type="checkbox"/> <input type="checkbox"/>

COMPONENTS

(Mark relevant box/es, place company labels on coloured areas or complete details by hand)

ENDPLATES **INSERT** **ONE-PIECE**

Company
 Prosthesis Name
 Cat/Ref No.
 Lot No.

Company
 Prosthesis Name
 Cat/Ref No.
 Lot No.

Company
 Prosthesis Name
 Cat/Ref No.
 Lot No.

Company
 Prosthesis Name
 Cat/Ref No.
 Lot No.



COMPONENTS

(Mark relevant box/es, place company labels on coloured areas or complete details by hand)

Company

Prosthesis Name

Cat/Ref No.

Lot No.

Company

Prosthesis Name

Cat/Ref No.

Lot No.

Company

Prosthesis Name

Cat/Ref No.

Lot No.

Company

Prosthesis Name

Cat/Ref No.

Lot No.

FIXATION METHODS

SCREWS: NO YES

CEMENT: NO YES

CEMENT NAME:

(Use company label or complete details: if more than one mix is used, use only 1 label)

TECHNOLOGY ASSISTED *tick all that apply*

- Computer Navigated NO YES
System used:
- Image Derived Instrumentation (IDI)..... NO YES
System used:
- Robotic Assisted NO YES
System used:
- Other NO YES
System used:

Affix label here if available:

ADDITIONAL COMMENTS (or Extra Labels)

.....

ALL SECTION of this form MUST be COMPLETED