



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

(IF BILATERAL USE **TWO** FORMS)

OPERATION DATE/...../..... **L** **R**

OPERATIVE APPROACH (Tick one box only)

Posterior Lateral Anterior Other *specify*

PRIMARY HIP

Includes Unipolar (Austin Moore/Thompson Type), Bipolar or THR

DIAGNOSIS

Osteoarthritis
 Rheumatoid Arthritis
 Other Inflammatory Arthritis
 Osteonecrosis/Avascular Necrosis
 Developmental Dysplasia
 Fractured Neck of Femur
 Tumour *specify*
 Other *specify*

REVISION HIP

Includes removal, exchange or addition of one or more components

DIAGNOSIS (Tick more than one box if applicable)

Loosening
 Lysis
 Dislocation
 Infection
 Implant Breakage Stem
 Acetabular
 Fracture *specify*
 Other *specify*

ACETABULAR COMPONENTS

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

NONE CUP SHELL INSERT BIPOLAR REINFORCEMENT RING MESH

Company
 Prosthesis Name
 Cat/Ref No.
 Lot No.

Company
 Prosthesis Name
 Cat/Ref No.
 Lot No.

Company
 Prosthesis Name
 Cat/Ref No.
 Lot No.

ACETABULAR CEMENT

NO **YES**

See over for femoral cement

CEMENT NAME:

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

(Complete by hand, labels not required)

SCREWS: **NO** **YES** **Number used**



FEMORAL COMPONENTS

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

NONE STEM HEAD CENTRALISER INTRAMEDULLARY PLUG

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.

FEMORAL CEMENT

NO YES

See over for acetabular cement

CEMENT NAME:

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

ADDITIONS

(Use company label for grip and cable and/or complete details)

TROCHANTERIC GRIP: NO YES

Company:

CABLE/S: (For multiple cables use 1 label) NO YES

Number used: **Company:**

WIRE: (Complete by hand) NO YES

COMPUTER NAVIGATED/ROBOTICS NO YES

System used:

IMAGE DERIVED INSTRUMENTATION (IDI) NO YES

(Affix label here)

ADDITIONAL COMMENTS (or Extra Labels)

ALL SECTIONS of this form MUST be COMPLETED