

Affix patient label within this box

**Spine Surgery Requirements
(South Health Campus)**

Complete and provide to Surgical Booking **at least two (2) weeks prior to surgery.**

Date of Surgery (<i>yyyy-Mon-dd</i>)	Requested by	Surgeon Name
Procedure		
Operative Level	Position	

Complete the appropriate categories below by checking boxes or providing additional information.

<p>Bone Replacement</p> <p><input type="checkbox"/> Allograft (<i>specify type</i>) _____</p> <p><input type="checkbox"/> Autograft (<i>specify source</i>) _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Cervical Sets - Anterior</p> <p><input type="checkbox"/> Atlantis Cervical Medtronic</p> <p><input type="checkbox"/> Cornerstone Medtronic</p>
<p>OR Table/Positioning Equipment</p> <p><input type="checkbox"/> Maquet Spine Top SHC</p>	<p>Thoracolumbar Sets - Posterior</p>
<p>Microscope</p> <p><input type="checkbox"/> Microscope</p>	<p>Minimally Invasive - Posterior</p> <p><input type="checkbox"/> Metrx II (7) Medtronic</p>
<p>C-Arm</p> <p><input type="checkbox"/> 1 Required</p>	<p>Extra Instruments/Equipment</p> <p><input type="checkbox"/> McCullough Lumbar Retractor</p>

Additional Comments, Instruments, Special Instructions