

To be completed two (2) weeks prior to surgery. Fill in +/- or check appropriate categories.

DATE OF SURGERY: _____
 REQUESTED BY: _____
 SURGEON NAME: _____
 PROCEDURE: _____
 OPERATIVE LEVEL: _____ POSITION: _____

PATIENT ID STAMP

<u>CERVICAL SETS - POSTERIOR</u>	<u>MINIMALLY INVASIVE - POSTERIOR</u>
<input type="checkbox"/> ATLAS TITANIUM / SS CABLES (1) MEDTRONIC	<input type="checkbox"/> CD HORIZON MAST INSTRUMENTS (1) METRONIC
<input type="checkbox"/> OCCIPITAL CERVICAL FUSION (1) DEPUY	<input type="checkbox"/> ES2 (2) STRYKER
<input type="checkbox"/> SYNAPSE (2) DEPUY	<input type="checkbox"/> LONGITUDE (2) MEDTRONIC
<input type="checkbox"/> UCSS (CANNULATED) (1) MEDTRONIC	<input type="checkbox"/> LONGITUDE MAS SCREW 8.5MM (1) MEDTRONIC
<input type="checkbox"/> UCSS GUIDEWIRES (2) MEDTRONIC	<input type="checkbox"/> LONGITUDE II (2) MEDTRONIC
<input type="checkbox"/> VERTEX MAX (2) MEDTRONIC	<input type="checkbox"/> LONGITUDE II MAS SCREW 8.5MM (1) MEDTRONIC
<input type="checkbox"/> VERTEX SELECT OC (OCCIPITAL CERVICAL FUSION) (1) MEDTRONIC	<input type="checkbox"/> METRX II (7) MEDTRONIC
<input type="checkbox"/> YUKON (2) STRYKER	<input type="checkbox"/> METRX II 18 MM BEVELLED TUBES (1) MEDTRONIC
<input type="checkbox"/> YUKON OCCIPITAL STRYKER	<input type="checkbox"/> QUADRANT RETRACTOR (2) MEDTRONIC
<u>LAMINOPLASTY - POSTERIOR</u>	<input type="checkbox"/> VIPER 2 (1) SYNTHES
<input type="checkbox"/> CENTERPIECE TIMESH LP (1) MEDTRONIC	<input type="checkbox"/> VIPER PRIME (LOANER) SYNTHES
<input type="checkbox"/> UNIVERSAL NEURO/LAMINOPLASTY (1) STRYKER	<u>POSTERIOR LUMBAR CAGES/INST (OPEN/MIS)</u>
<u>THORACOLUMBAR SETS - POSTERIOR</u>	<input type="checkbox"/> CAPSTONE (3) MEDTRONIC
<input type="checkbox"/> CD HORIZON FEN SCREW (1) MEDTRONIC	<input type="checkbox"/> OPAL SPACER (2) DEPUY
<input type="checkbox"/> CD HORIZON LEGACY (2) MEDTRONIC	<input type="checkbox"/> PYRAMETRIX ADVANCE (3) MEDTRONIC
<input type="checkbox"/> CD HORIZON LEGACY DOMINOS MEDTRONIC	<input type="checkbox"/> POSTERIOR MICROSCOPE INST (2).....MEDTRONIC
<input type="checkbox"/> CD HORIZON LEGACY FAS IMPLANTS MEDTRONIC	<input type="checkbox"/> TPAL (2) SYNTHES
<input type="checkbox"/> CD HORIZON LEGACY CLSD MAS MEDTRONIC	<input type="checkbox"/> TPLIF AUXILLARY INSTRUMENTS (2) DEPUY
<input type="checkbox"/> CD HORIZON LEGACY HOOKS MEDTRONIC	<input type="checkbox"/> TPLIF (2) DEPUY
<input type="checkbox"/> CD HORIZON LEGACY ILIAC FIXATION MEDTRONIC	<input type="checkbox"/> TRITANIUM PL (3) STRYKER
<input type="checkbox"/> COBALT CHROME 5.5MM RODS (1) MEDTRONIC	<input type="checkbox"/> TRITANIUM PL 12 DEGREE (2) STRYKER
<input type="checkbox"/> EXPEDIUM 5.5 (3) DEPUY	<input type="checkbox"/> V-LIFT EXPANDABLE CAGES (ANT & POST) (2) STRYKER
<input type="checkbox"/> EXPEDIUM DEFORMITY (2) DEPUY	<u>OR TABLE / POSITIONING EQUIPMENT</u>
<input type="checkbox"/> EXPEDIUM MONOAXIAL DEPUY	<input type="checkbox"/> CLOWARD SADDLE (3)
<input type="checkbox"/> EXPEDIUM SACROPELVIC (2) DEPUY	<input type="checkbox"/> DORO HEADREST
<input type="checkbox"/> EXPEDIUM 600MM RODS (1) DEPUY	<input type="checkbox"/> GARDNER WELLS TONGS (2)
<input type="checkbox"/> EXPEDIUM UNIVERSAL CONNECTOR (1) DEPUY	<input type="checkbox"/> JACKSON SPINE TOP 30 DEG ROTATING (5)
<input type="checkbox"/> SOLERA 5.5/6.0 (2) MEDTRONIC	<input type="checkbox"/> JACKSON SPINE TOP SLING
<input type="checkbox"/> SOLERA 5.5/6.0 FAS IMPLANTS (1) MEDTRONIC	<input type="checkbox"/> MAYFIELD HEADREST
<input type="checkbox"/> SOLERA 5.5/6.0 LONG IMPLANTS (ILIAC BOLTS) MEDTRONIC	<input type="checkbox"/> MIDMARK
<input type="checkbox"/> SOLERA 5.5/6.0 LATERAL CONNECTORS (1) MEDTRONIC	<input type="checkbox"/> SUGITA HEADREST
<input type="checkbox"/> SOLERA 5.5/6.0 SAS IMPLANTS (1) MEDTRONIC	<input type="checkbox"/> WILSON FRAME (2)
<input type="checkbox"/> SOLERA 5.5/6.0 SMARTLINK CONNECTORS (DEFORMITY) MEDTRONIC	<u>MICROSCOPE</u>
<input type="checkbox"/> UNIVERSAL SPINE USS (2) DEPUY	<input type="checkbox"/> MICROSCOPE
<input type="checkbox"/> XIA (2) STRYKER	<u>C-ARM/O-ARM / NAVIGATION</u>
<input type="checkbox"/> XIA ILIOS SACRAL CONNECTORS (1) STRYKER	<input type="checkbox"/> 1 REQUIRED <input type="checkbox"/> 2 REQUIRED
<input type="checkbox"/> XIA OUTLIER IMPLANTS (1) STRYKER	<input type="checkbox"/> O-ARM
<input type="checkbox"/> VITALIUM RODS 600MM (1) STRYKER	<input type="checkbox"/> ZHIEM
<u>NAVIGATION SYSTEM</u>	<u>EXTRA INSTRUMENTS / EQUIPMENT</u>
<input type="checkbox"/> NAVIGATION O-ARM LEGACY/LONGITUDE MEDTRONIC	<input type="checkbox"/> ACUFEX CANNULATED DRILLS/REAMERS
<input type="checkbox"/> NAVIGATION O-ARM SOLERA/LONGITUDE II MEDTRONIC	<input type="checkbox"/> BONE FUNNEL & TAMP (3) MEDTRONIC
<input type="checkbox"/> NAVIGATION VERTEX MAX MEDTRONIC	<input type="checkbox"/> McCULLOUGH LUMBAR RETRACTOR (2) V.MUELLER
<input type="checkbox"/> NAVIGATION XIA STRYKER	<input type="checkbox"/> McCULLOUGH SHADOWLINE LUMBAR RETRACTOR (2) V.MUELLER
<input type="checkbox"/> NAVIGATION UNIVERSAL DRILL GUIDE MEDTRONIC	<input type="checkbox"/> MICRO NEURO INSTRUMENTS (12)
<u>EXTRACTION SYSTEMS</u>	<input type="checkbox"/> MIDAS REX (30)
<input type="checkbox"/> SET SPINE SCREW REMOVAL DEPUY	<input type="checkbox"/> PEDICLE SUBTRACTION OSTEOTOMY (1) MEDTRONIC/STRYKER
<input type="checkbox"/> SET EXTRACTION- SPECIFY TYPE: _____	<input type="checkbox"/> RHOTON DISSECTORS (10)
<u>BONE REPLACEMENT</u>	<input type="checkbox"/> SPINELIFE OSTEOTOMES
ALLOGRAFT - SPECIFY TYPE _____	<u>EVOKED POTENTIALS</u>
OTHER _____	<input type="checkbox"/> SENSORY: UPPER _____ LOWER _____
	<input type="checkbox"/> MOTOR <input type="checkbox"/> EMG <input type="checkbox"/> SPHINCTER
<u>ADDITIONAL COMMENTS, INSTRUMENTS, SPECIAL INSTRUCTIONS:</u>	