



Patient's Name:
Surgeon's Name:
Operative side  Left  Right
Date of Surgery:
Date of Request:

Hospital Use Only
Case #:
Date Received:
Initials:
P.O. #:

Table with columns for Hip Primary Cups, Hip Primary Stems, Hip Revision Cups, Hip Revision Stems, Hip Primary Stems - Direct Anterior Approach, Hip Revision Heads, and Oncology. Includes various prosthesis options like Bantam, Pinnacle, Corail, etc.

Ensure items requested are at the procedure site. If not, it is a SPECIAL ORDER & 3 WORKING DAYS is required. If booking an elective case less than 72 hours before surgery, please choose a procedure that uses sets available at the site.

IS THIS A REVISION? If so, please indicate prosthesis IN SITU:
Plan for revision removal and replacement:

Additional Information, comments, and special instructions: