



INDIAN SOCIETY OF HIP & KNEE SURGEONS

KNEE FORM

All of this section must be completed.

(Please complete both sides of this form)

Place Patients Details Label here

And / or if any patient details required are not available on the hospital label, please complete below

Surname : First Name :
Middle Initial : Female : Male :
Age : Weight : Height :
Address :
Contact No..... Pin Code :
Patient Identification Type : PAN Aadhar Passport Other
Patient ID No.:..... Hospital Patient No.:.....

Name of the Hospital : State :
Consultant Surgeon Code :

(All of this section MUST be completed) (complete operation date & mark boxes)

OPERATION DATE :/...../..... (if bilateral use 2 forms) L R

PRIMARY PROCEDURE

Includes : Unicompartmental or total knee
Unicompartmental Indicate : Medial
Lateral

DIAGNOSIS

Osteoarthritis
Rheumatoid arthritis
Other inflam arthritis
Tumour :(Specify below)
.....
Other :(Specify below)
.....

Varus Valgus

REVISION

Includes : removal, exchange or addition of one or more components
Unicompartmental Indicate : Medial
Lateral

DIAGNOSIS

(Tick more than one box if applicable)
Loosening Lysis Infection
Implant breakage :
Femoral Tibial Patella
Fracture : (Specify below)
.....
Other : (Specify below)
.....

Previous Implant (Company & Model)
.....

Date/Year of Primary Surgery
.....

FEMORAL COMPONENTS

(Mark boxes, place company labels or complete details by hand)

None Femoral Stem

Company :
Prosthesis Name :
Size :
Cat / Ref. No. :
Lot No. :

Company :
Prosthesis Name :
Size :
Cat / Ref. No. :
Lot No. :

Company :
Prosthesis Name :
Size :
Cat / Ref. No. :
Lot No. :

Company :
Prosthesis Name :
Size :
Cat / Ref. No. :
Lot No. :

FEMORAL SPACERS

(complete details by Marking boxes)

None
Distal Femoral : Medial Lateral
Posterior Condyle : Medial Lateral



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TIBIAL COMPONENTS

(Mark boxes, place company labels or complete details by hand)

None All-in-one Base-plate Insert Stem
(Monoblock)

Company :
Prosthesis Name :
Size :
Cat / Ref. No. :
Lot No. :

Company :
Prosthesis Name :
Size :
Cat / Ref. No. :
Lot No. :

Company :
Prosthesis Name :
Size :
Cat / Ref. No. :
Lot No. :

Company :
Prosthesis Name :
Size :
Cat / Ref. No. :
Lot No. :

TIBIAL SPACERS (complete details by Marking boxes)

None Blocks : Medial Lateral
Wedges : Medial Lateral
Bone Grafts : Medial Lateral
Other :

SCREWS : NO YES Number

PATELLA COMPONENTS

(Mark boxes, place company labels or complete details by hand)

None Yes

Company :
Prosthesis Name :
Size :
Cat / Ref. No. :
Lot No. :

CEMENT USED :

Femoral : Yes No
Tibial : Yes No
Patella : Yes No

CEMENT NAME :

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

COMPUTER ASSISTED : Yes No

System used :

COMMENTS or extra labels :

(For Revision Case; Give Additional Available Information)

CONSENT : Yes No

All sections of the form MUST be completed