

NOTE TO PATIENT

We are carefully evaluating the condition of your joints before and after your surgery. Please complete **Pages 2-6** then return this booklet to the nurse before entering the exam room. Your input is important and helps us evaluate the condition of your joints before and after surgery.

Thank You

_____ / /

Patient's Name Today's Date:

This Section To Be Completed By Dr. Su:

		R		L	
Hips		<input type="checkbox"/> Pre-Op	<input type="checkbox"/> 2-Year	<input type="checkbox"/> Pre-Op	<input type="checkbox"/> 2-Year
<input type="checkbox"/> Right - No THR	<input type="checkbox"/> Left - No THR	<input type="checkbox"/> 6-Week	<input type="checkbox"/> 3-Year	<input type="checkbox"/> 6-Week	<input type="checkbox"/> 3-Year
<input type="checkbox"/> Right - Primary	<input type="checkbox"/> Left - Primary	<input type="checkbox"/> 3-Month	<input type="checkbox"/> 5-Year	<input type="checkbox"/> 3-Month	<input type="checkbox"/> 5-Year
<input type="checkbox"/> Right - Revision # _____	<input type="checkbox"/> Left - Revision # _____	<input type="checkbox"/> 6-Month	<input type="checkbox"/> 7-Year	<input type="checkbox"/> 6-Month	<input type="checkbox"/> 7-Year
		<input type="checkbox"/> 1-Year	<input type="checkbox"/> 10-Year	<input type="checkbox"/> 1-Year	<input type="checkbox"/> 10-Year
		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	