

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  month      day      year

104.49

Patient ID | | | | | | | | | | | | | | | |

Physician ID | | | | | | | | | | | | | | | |

Clinic/Site ID | | | | | | | | | | | | | | | |

Hospital ID | | | | | | | | | | | | | | | |

Form filled out by (check one):

Physician       NP/PA

Resident         Other

0.0.0, 104.52, 104.53, 101.6

# DAY OF SURGERY FORM

## HIP REPLACEMENT 13.4a

TO BE COMPLETED BY PHYSICIAN

1. Date of surgery: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_      104.191  
                                  month          day          year

101.5

2. Which hip was replaced? .....  Left     Right     Both

3. Type of hip replacement (*check all that apply*)

	Left	Right	
a. Cemented femoral component .....	<input type="checkbox"/>	<input type="checkbox"/>	104.193
b. Uncemented femoral component .....	<input type="checkbox"/>	<input type="checkbox"/>	
c. Cemented acetabular component .....	<input type="checkbox"/>	<input type="checkbox"/>	
d. Uncemented acetabular component .....	<input type="checkbox"/>	<input type="checkbox"/>	
e. Allografted .....	<input type="checkbox"/>	<input type="checkbox"/>	
f. Autografted .....	<input type="checkbox"/>	<input type="checkbox"/>	
g. Bipolar .....	<input type="checkbox"/>	<input type="checkbox"/>	
h. Femoral revision .....	<input type="checkbox"/>	<input type="checkbox"/>	
i. Acetabular revision .....	<input type="checkbox"/>	<input type="checkbox"/>	

4. Type of approach

	Left	Right	
a. Posterior .....	<input type="checkbox"/>	<input type="checkbox"/>	104.194
b. Lateral .....	<input type="checkbox"/>	<input type="checkbox"/>	
c. Anterior lateral .....	<input type="checkbox"/>	<input type="checkbox"/>	

5. Type of prosthesis

<b>Femur</b>	<b>Acetabulum</b>	
a. Brand	a. Brand	100.1497
b. Model	b. Model	

6. Was there a trochanteric osteotomy? .....  Yes  No      100.1487

7. Was the patient anticoagulated pre-op? .....  Yes  No      100.1488

8. Was an indwelling urinary catheter used? .....  Yes  No      100.1494

9. Was laminar flow used? .....  Yes  No      100.1495

10. Was isolator system used? .....  Yes  No      100.1496