Patient ID |_|_|_|_|_|_|_|_|_|

Physician ID |_|_|_|_|_|_|

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

Form filled out by (check one):

☐ Physician _________ ☐ NP/PA __________

☐ Resident __________ ☐ Other ___________

0.0.0, 104.52, 104.53, 101.6

Day of Surgery— Unilateral or First Knee

TOTAL KNEE REPLACEMENT FORM 16.4A

TO BE COMPLETED BY **PHYSICIAN** FOLLOWING SURGERY

NOTE: USE "SECOND KNEE" FORM 16.4B FOR SECOND KNEE OF BILATERAL PROCEDURE

Original by Robert F. Meenan, M.D., M.P.H. and Lewis E. Kazis, Sc.D.
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TODAY'S DATE IS: ____ ____/____ ____/____ ____ 104.49
month day year

1. Surgery date: ____ ____ / ____ ____ / ____ ____ 104.191
month day year

2. TYPE OF ANESTHESIA USED (check all that apply): 104.226

a. General ☐
b. Epidural ☐
c. Spinal ☐
d. Hypotensive (TKA only) ☐
e. Other ☐

3. Indicate if any of these were used during surgery (check all that apply): 100.330

a. Indwelling urinary catheter ☐
b. Laminar flow ☐
c. Isolator system ☐

4. TOTAL TOURNIQUET TIME (check one): 100.901

a. Not used ☐
b. 1-29 minutes ☐
c. 30-59 minutes ☐
d. 1:00-1:29 hours ☐
e. 1:30-1:59 hours ☐
f. 2:00-2:29 hours ☐
g. 2:30-2:59 hours ☐
h. 3:00-3:29 hours ☐
i. 3:30-3:59 hours ☐
j. 4 or more hours ☐

5. OPERATIVE JOINT: a. Left ☐ b. Right ☐ 100.224

6. KNEE REPLACEMENT SURGICAL DIAGNOSIS (check one): 104.227

a. Osteoarthritis ☐
b. Rheumatoid arthritis ☐
c. Traumatic arthritis ☐
d. Infective (post septic) arthritis ☐
e. Paget's Disease ☐
f. Rheumatoid variant ☐
g. Aseptic necrosis ☐
h. Resection arthroplasty ☐
i. Chondrocalcinosis ☐
j. Acute fracture ☐
k. Dislocated patella ☐
l. Failed TKR - Aseptic loosening ☐
m. - Septic loosening ☐
n. - Prosthesis failure ☐
o. - Instability ☐
p. Neoplastic process ☐
q. Other__________________ ☐

7. PROSTHESIS FIXATION (check all that apply):

	Femur	Tibia	Patella	
a. Cement	☐	☐	☐	
b. Screws		☐		104.228
c. Press Fit	☐	☐	☐	
d. Not Done	☐	☐	☐	

8. PROSTHESIS DESIGN: 100.1083

a. Implant code: ____ ____ ____

b. Thickness of tibial component (mm): ____ ____ ____