

Patient ID	_____
Physician ID	_____
Clinic/Site ID	_____
Form filled out by (check one):	
<input type="checkbox"/> Physician _____	<input type="checkbox"/> NP/PA _____
<input type="checkbox"/> Resident _____	<input type="checkbox"/> Other _____

0.0.0, 104.52, 104.53, 101.6

# Day of Surgery—

## Second Knee Form for Bilateral Procedures

### TOTAL KNEE REPLACEMENT FORM 16.4B

TO BE COMPLETED BY PHYSICIAN FOLLOWING SURGERY  
**NOTE: CONTAINS ONLY SIDE-SPECIFIC QUESTIONS FOR USE WITH “SECOND KNEE”  
 OF BILATERAL PROCEDURE**

Original by Robert F. Meenan, M.D., M.P.H. and Lewis E. Kazis, Sc.D.  
 ©American Group Practice Association 1993  
 Adapted with permission of InterStudy,  
 Box 458, Excelsior, MN 55331  
 All Rights Reserved

TODAY'S DATE IS: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

104.49

1. Surgery date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

104.191

2. OPERATIVE JOINT: a. Left  b. Right

100.224

3. KNEE REPLACEMENT SURGICAL DIAGNOSIS (check one):

- 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 \_\_\_\_\_

104.227

4. PROSTHESIS FIXATION (check all that apply):

- |              | Femur                    | Tibia                    | Patella                  |
|--------------|--------------------------|--------------------------|--------------------------|
| a. Cement    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Screws    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Press fit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Not Done  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

104.228

5. PROSTHESIS DESIGN: 100.1083

a. Implant code: \_\_\_\_ \_\_\_\_ \_\_\_\_

b. Thickness of tibial component (mm): \_\_\_\_ \_\_\_\_ \_\_\_\_