104.52 Physician ID

104.53 Clinic/Site ID

101.6 Form filled out by (check one):

☐ Physician _____ ☐ NPPA _____

☐ Resident _____ ☐ Other _____

SURGEON INFORMATION

TOTAL KNEE REPLACEMENT FORM 16.7

TO BE COMPLETED BY SURGEON AT PROJECT BASELINE AND ANNUALLY

TODAY'S DATE IS: ____ ____ /____ ____ /____ ____ 104.49
month day year

Name of surgeon: Last Name First Name M.I. 104.202

1. Total number of total knee arthroplasties performed

   a. In the past 5 years ..... ____ ____ ____ ____ number 104.234

   b. In the past year: ..... ____ ____ ____ number

2. Date of birth ____ ____ / ____ ____ / ____ ____ 104.204
   month day year

3. Formal orthopedic training: 104.235

   a. Dates: ..... 19 ____ ____ to 19 ____ ____

   b. Special Arthroplasty fellowship:
      No ..... ☐
      Yes/Six months ..... ☐
      Yes/One year ..... ☐

4. Board Certified in Orthopedic Surgery? 104.206

   ☐ Yes Date: ____ ____ / ____ ____ / ____ ____
   month day year

   ☐ No