

## Custom Acetabular and Hemipelvis Implant Prescription Form

Please complete all sections below and send the form back:

### PRESCRIBER DETAILS

1. Surgeon full name: \_\_\_\_\_

2. Email: \_\_\_\_\_

3. Contact number: \_\_\_\_\_

4. Office contact details: \_\_\_\_\_

### PATIENT DETAILS

5. Patient full name: \_\_\_\_\_

6. NHI (NZ only): \_\_\_\_\_

N/A

7. Date of birth (dd-mmm-yyyy): \_\_\_\_\_

8. Surgery date (dd-mmm-yyyy): \_\_\_\_\_

Confirmed

9. Hospital: \_\_\_\_\_

10. Health fund: \_\_\_\_\_

Public

Private

11. Side: \_\_\_\_\_

Left

Right

12. Surgical approach: \_\_\_\_\_

Posterior

Lateral

Anterolateral

Direct Anterior

Other: \_\_\_\_\_

13. Allergies: \_\_\_\_\_

N/A

14. Reason for implant: \_\_\_\_\_

15. Pathology: \_\_\_\_\_

Implant Loosening

Infection

Arthritis

Avascular Necrosis

Fracture

Rheumatoid Arthritis

Osteolysis

Tumour

Other: \_\_\_\_\_

Type/area for  
selected pathology: \_\_\_\_\_

### FURTHER IMPLANT INFORMATION

16. Antimicrobial coating (HyProtect™) required: \_\_\_\_\_

Yes

No

17. Acetabular preference: \_\_\_\_\_

Medical device company: \_\_\_\_\_

Neutral Face Poly

Hooded Poly

Constrained

Dual Mobility

Other: \_\_\_\_\_

18. Preferred head size (mm): \_\_\_\_\_

19. If revision surgery: \_\_\_\_\_

N/A

What components will remain? \_\_\_\_\_

What is the in-situ femoral stem? \_\_\_\_\_

20. If primary surgery: \_\_\_\_\_

N/A

Preferred femoral stem: \_\_\_\_\_

To provide your patient with the highest quality solution, OSSIS also requires<sup>1</sup>:

- CT and x-ray imaging<sup>2</sup>, as well as MRI if the reason for the custom is a tumour  
*Please contact OSSIS to communicate how the imaging will be shared.*
- Details of previous surgeries
- Any relevant comorbidities

By signing this prescription form, you have reviewed the preoperative and postoperative feedback requirements and are willing to participate for this patient.

**Prescriber Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Return to your Sales Representative or email it to OSSIS at [bookings@ossis.com](mailto:bookings@ossis.com)

<sup>1</sup>OSSIS Patient Privacy Statement can be found on the OSSIS website: [www.ossis.com/resources](http://www.ossis.com/resources)

<sup>2</sup>OSSIS Custom Implant Scan Protocol can be found on the OSSIS website: [www.ossis.com/resources](http://www.ossis.com/resources)