

## AceOS Custom Acetabular Implant Prescription

Please complete all sections and send this form to Ossis.

email- [info@ossis.com](mailto:info@ossis.com), Fax no: +64 3 365 9486, PO Box 36086, Merivale, Christchurch 8146, New Zealand.

Ossis will send you a quote for an AceOS implant based on the requirements identified on this form.

**Prescriber's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Office phone number:** \_\_\_\_\_ **Mobile phone number:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **NHI No:** \_\_\_\_\_

**Indicative surgery Date:** \_\_\_\_\_ **Hospital:** \_\_\_\_\_

**Allergies (metals in particular):**  N/A or **Details:** \_\_\_\_\_

**Implant for:**  Left side  Right side

**Surgical approach:**  Posterior  Post. Lateral  Direct Lateral  Anterior Lateral  Other

**Reason for Revision:** \_\_\_\_\_

	Pathology	Type/Details	Area/Location
<input type="checkbox"/>	Post Radiation	_____	_____
<input type="checkbox"/>	Avascular Necrosis	_____	_____
<input type="checkbox"/>	Osteolysis	_____	_____
<input type="checkbox"/>	Arthritis	_____	_____
<input type="checkbox"/>	Fracture	_____	_____
<input type="checkbox"/>	Tumour	_____	_____
<input type="checkbox"/>	Infection	_____	_____
<input type="checkbox"/>	Other	_____	_____

**Acetabular Articulation Preference:**

Neutral-face Poly  Hooded Poly  Constrained  Dual Mobility  Ceramic \_\_\_\_\_ mm

**Preferred Head Size:**

**Required Patient Data**<sup>1</sup>

In order to provide your patient with the highest quality solution, Ossis requires:

- X-rays and CT Scans, plus MRI Scans for tumour cases (see below)
- Previous surgery details (including old operations notes if available)
- Co-morbidities and Other lower limb or Spinal pathology
- Implants to remain in patient: \_\_\_\_\_

and anything else that you feel could influence the AceOS implant design.

**CT Scans** (Ossis protocol and DICOM Grid uploading instructions available on website – [www.ossis.com](http://www.ossis.com))

- Available for download on CDHB PACS (NZ only. Any DHB PACS can request data transfer to CDHB PACS)
- Available for download on DICOM Grid (AU only. Share code: <http://ossis.dicomgrid.com/share/ossis>)
- Other (e.g. CD or USB): \_\_\_\_\_

**X-Rays** (Ossis protocol and DICOM Grid uploading instructions available on website – [www.ossis.com](http://www.ossis.com))

- Available for download on NZ DHB PACS (NZ only. Any DHB PACS can request data transfer to CDHB PACS)
- Available for download on DICOM Grid (AU only. Share code: <http://ossis.dicomgrid.com/share/ossis>)
- Other (e.g. CD or USB): \_\_\_\_\_

**MRI** (Only applicable for tumour cases, DICOM Grid uploading instructions available on website – [www.ossis.com](http://www.ossis.com))

- Available for download on NZ DHB PACS (NZ only. Any DHB PACS can request data transfer to CDHB PACS)
- Available for download on DICOM Grid (AU only. Share code: <http://ossis.dicomgrid.com/share/ossis>)
- Other (e.g. CD or USB): \_\_\_\_\_

**Prescriber's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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