

AceOS Custom Acetabular Implant Prescription

Please complete all sections and send this form to Ossis.

email- 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: _____

Additional Requirements: _____

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 Data¹

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)

- 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)

- 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)

- 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:** _____

¹ Ossis Patient Privacy Statement can be found on the Ossis website – www.ossis.com/resources/