

**NOTE TO PATIENT**

We are carefully evaluating the condition of your joints before and after your surgery. Please complete **Pages 2-6** then return this booklet to the nurse before entering the exam room. Your input is important and helps us evaluate the condition of your joints before and after surgery.

*Thank You*

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Patient's Name Today's Date:

**This Section To Be Completed By Dr. Su:**

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<b>Hips</b>		<input type="checkbox"/> Pre-Op	<input type="checkbox"/> 2-Year	<input type="checkbox"/> Pre-Op	<input type="checkbox"/> 2-Year
<input type="checkbox"/> Right - No THR	<input type="checkbox"/> Left - No THR	<input type="checkbox"/> 6-Week	<input type="checkbox"/> 3-Year	<input type="checkbox"/> 6-Week	<input type="checkbox"/> 3-Year
<input type="checkbox"/> Right - Primary	<input type="checkbox"/> Left - Primary	<input type="checkbox"/> 3-Month	<input type="checkbox"/> 5-Year	<input type="checkbox"/> 3-Month	<input type="checkbox"/> 5-Year
<input type="checkbox"/> Right - Revision # _____	<input type="checkbox"/> Left - Revision # _____	<input type="checkbox"/> 6-Month	<input type="checkbox"/> 7-Year	<input type="checkbox"/> 6-Month	<input type="checkbox"/> 7-Year
		<input type="checkbox"/> 1-Year	<input type="checkbox"/> 10-Year	<input type="checkbox"/> 1-Year	<input type="checkbox"/> 10-Year
			<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____