

This is a confidential ANONYMOUS record of prostheses implanted in the pelvis. Please complete the details listed below for this procedure. Use a separate sheet for each procedure.

DATE OF PROCEDURE	
HOSPITAL NAME	
HOSPITAL TELEPHONE NUMBER	
TYPE OF PROSTHESIS	
ATTACH TRACEABILITY LABEL OF PROSTHESIS	ATTACH HERE

PLEASE FAX THIS COMPLETED FORM TO
02 99809682

OFFICE USE ONLY

REGISTER NUMBER	
HOSPITAL ID	