

**EFORT Minimal Dataset
Knee Arthroplasty
Revision Form**



Date of Revision:
Number of Revision:

Clinic:

| | | | |
|-----------------|--------------|----------------------------|----------------------------|
| Patient: | Name: | Prenome: | Birthday: |
| | Sex: | <input type="checkbox"/> M | <input type="checkbox"/> F |
| | ID - Number: | | |

Primary Implant:

- Total KA
- Monocondylar KA
 - Medial
 - Lateral

Right

Left

| | | | | |
|---------------------------|--------------------------------|-----------|----------------------------------------------|-----------|
| <u>Femoral Component:</u> | | | | |
| Type: | <i>Databank or scroll menu</i> | | Manufacturer: <i>Databank or scroll menu</i> | |
| Cemented: | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| <u>Inlay:</u> | Flat | Congruent | Only Rotating | ap-Mobile |
| <u>Tibial Component:</u> | | | | |
| Type: | <i>Databank or scroll menu</i> | | Manufacturer: <i>Databank or scroll menu</i> | |
| Cemented | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| <u>Patella component:</u> | | | | |
| Type: | <i>Databank or scroll menu</i> | | Manufacturer: <i>Databank or scroll menu</i> | |
| Cemented | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |

Date of primary Operation:

Clinic/Dept.:

