

INTRAOPERATIVE DATA FORM

HOSPITAL/CTR _____

SURGEON _____

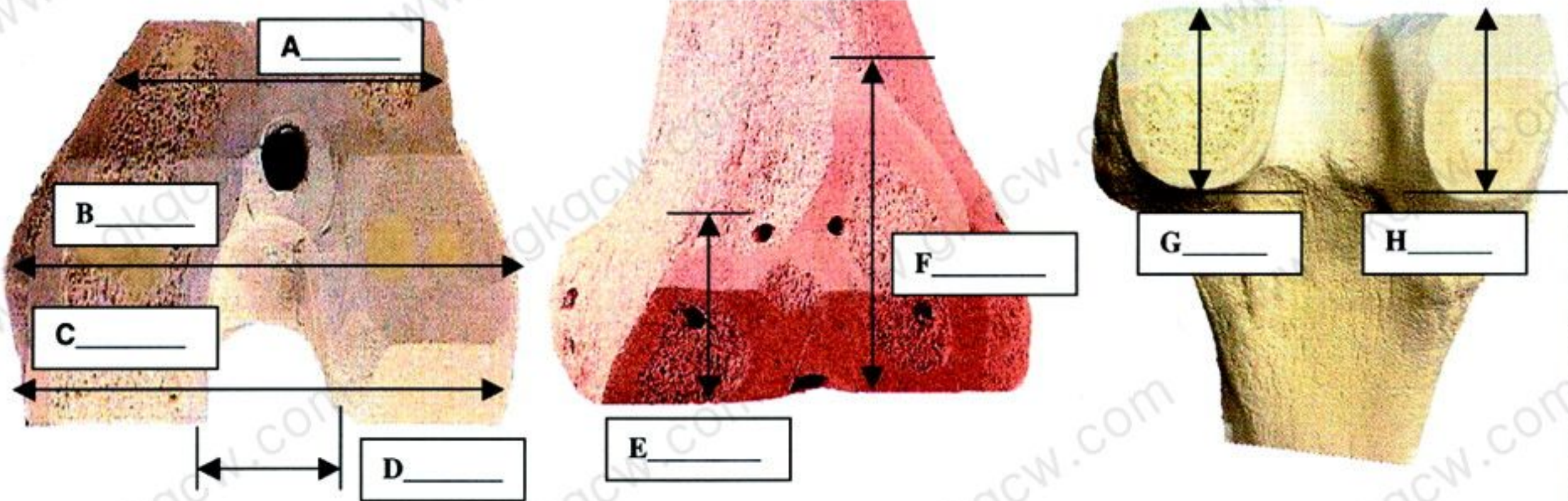
ACCOUNT REP _____

DATE _____

LEFT KNEE RIGHT KNEE MALE FEMALE AGE _____

INSTRUMENTS: MONOGRAM® ANTERIOR REF. OTHER _____
 X-CELERATE® POSTERIOR REF.

DISTAL FEMUR - RESECTION DIMENSIONS: (Measure after all Bone Cuts are Made)

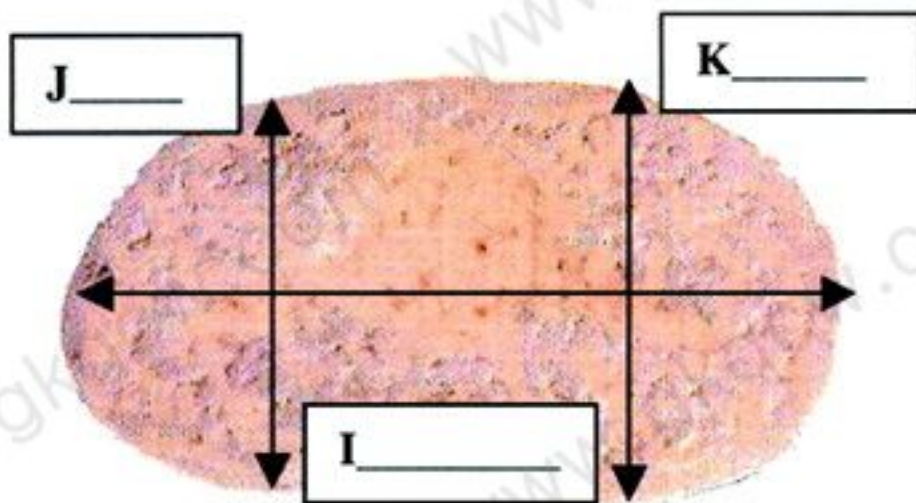


FEMORAL EXTERNAL ROTATION: NEUTRAL
 3 DEGREES
 OTHER _____

DISTAL RESECTION: 8 MM
 10 MM
 12 MM

FEMORAL VALGUS ANGLE: NEUTRAL 7 DEGREES
 5 DEGREES OTHER _____

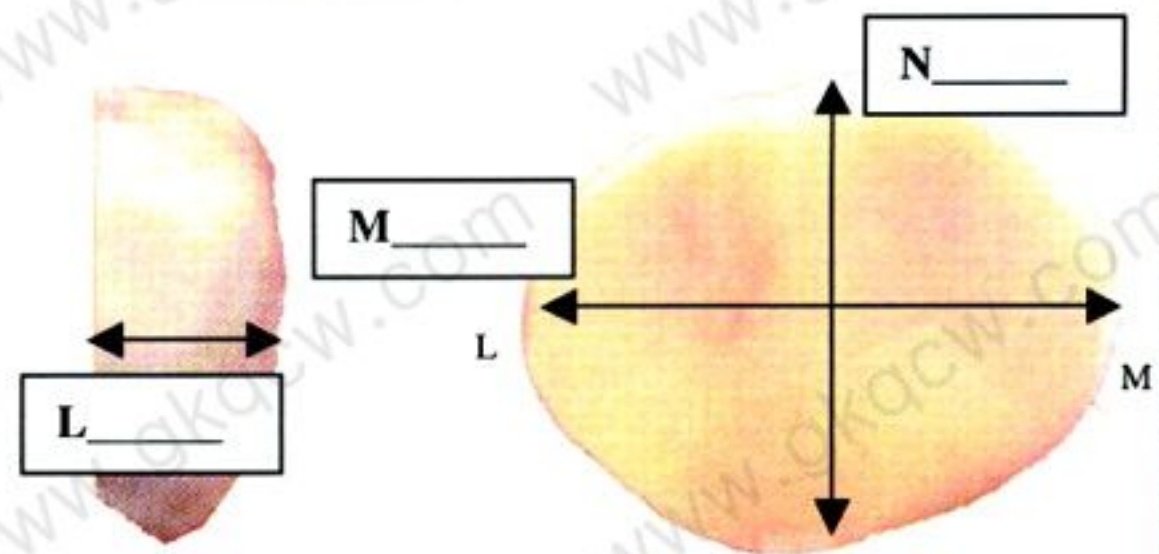
PROXIMAL TIBIA:(After Proximal Cut)



TIBIAL VARUS/VALGUS ANGLE:
 NEUTRAL INTRAMEDULLARY
 OTHER _____ XTRAMEDULLARY

PROXIMAL RESECTION: 2MM (LOW SIDE) 3 DEGREE (STD)
 9MM (HIGH SIDE) OTHER _____

PATELLA :(Use Std. Caliper)



1. DID YOU MEDIALIZE THE PATELLA: Y N
 2. DRAW THE PATELLA PEG DRILL HOLES ON THE RESECTED PATELLA ABOVE.