



TEXAS CENTER FOR  
JOINT REPLACEMENT

If you have had a hip, knee, shoulder or elbow replacement in the past, it is very important that you answer the following questions:

**Full Name** (Please print) \_\_\_\_\_

(If your name was different at the time of surgery, please give us that name and your current name)

**Your Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Your Date of Birth** \_\_\_\_\_

**Surgery information:**

**Name of Hospital** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Hospital City & State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Main Hospital#** \_\_\_\_\_

**Medical Records Telephone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Name of Surgeon** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Type of Surgery:** (Circle all that apply and include the date of surgery)

Right Total Knee                      Left Total Knee                      Bilateral Total Knees  
Date: \_\_\_\_\_                      Date: \_\_\_\_\_                      Date: \_\_\_\_\_

Right Total Hip                      Left Total Hip                      Bilateral Total Hips  
Date: \_\_\_\_\_                      Date: \_\_\_\_\_                      Date: \_\_\_\_\_

Right Total Shoulder or Elbow                      Left Total Shoulder or Elbow  
Date: \_\_\_\_\_                      Date: \_\_\_\_\_

I hereby authorize the release of my **operative report** and **implant product labels** (indicating the brand and size of prosthesis) and request that they be sent to:

**Texas Center For Joint Replacement**  
**5940 West Parker Road, # 100**  
**Plano, Texas 75093-7916**  
**Fax # 972-608-0366**  
**Telephone # 972-608-8868 or 800-351-7583**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_