Other [SPECIFY] PRIMARY SURGEON Conventional Gown	PRIMARY SHOULDER REPLACEMENT TOTAL SHOULDER ARTHROPLASTY HEMIARTHROPLASTY REVERSE SHOULDER						
STICK PATIENT LABEL HERE PLEASE PLACE IMPLANT LABELS ON THE REVERSE SURGEON TO CHECK SIGN PLEASE FUNDING ACC Private DHB DHB Outsourced HUMERAL STEM TYPE None Relator for jutanticular fracture Superior capsular reconstruction Atthroxopol debidenent/decompression Other Jacobs Other Jacobs Other Jacobs Acute fracture profinal humerus Associal necrods Post recurrent dislocation Turnour Other Jacobs President specific instrumentation President specific instrumentation Other Jacobs Province Superior capsular reconstruction Ansocial necrods Province Superior capsular reconstruction Anthroxopol debidenent/decompression Other Jacobs Other Jacobs STRUCTURAL BONE GRAFT GLENOID Allogant Authoropolity Messele cult fear without arthritis Acute fracture profinal humerus Associal necrods Province fracture profinal humerus Associal necrods Province fracture profinal humerus Associal necrods Province fracture profinal humerus Approach Incommendation Other Jacobs Other Jacobs Systemic Antibiotic Prophylaxis Name: Systemic Antibiotic Prophylaxis Signification for judantical rathritis in fine Signification for judantical rathritis in finish Signification for judantical rathritis in finish Signification for judantical rathritis Systemics Type Other Jacobs Superior capsular reconstruction Allogarth Authorization for judantical rathritis Accuse fracture profinal humerus Associal rathritis for judantical rathritis Accuse fracture profinal humerus Associal rathritis for judantical rathritis Accuse fracture profinal humerus Associal rathritis fracture Signification or judantical rathritis Signification or judantical rathritis	NEW ZEALANI	D JOINT REGISTRY - DO	NOT PLACE IN	PATIENT NOTES -	TO BE RETA	AINED IN THEATRE SUITE	
STICK PATIENT LABEL HERE PLEASE PLACE IMPLANT LABELS ON THE REVERSE SURGEON TO CHECK SIGN PLEASE FUNDING ACC Private DHB DHB Outsourced HUMERAL STEM TYPE Sundard Stemiess Shortmetaphyseal stem Stemiess Shortmetaphyseal stem STRUCTURAL BONG GRAFT GLENOID Althorocopic debridement/decompression Office records under a debridement/decompression Office records and antivisory Carlf tear anthropathy Massies cult for without arthrifis Acute fracture prosimal humerus Anacutelar necrosis Post of strains Anacutelar necrosis Post recurrent dislocation Tumour Other specery. DERATING THEATE OPERATING TIME Space Suitchfelment fam One piece Toga or	DATE	THEATRE NO.	HOSPITA	HOSPITAL NAME			
STICK PATIENT LABEL HERE PLEASE PLACE IMPLANT LABELS ON THE REVERSE SURGEON TO CHECK SIGN PLEASE FUNDING ACC Private DHB DHB Outsourced HUMERAL STEM TYPE Superior capacite debridement/decompression Officer (spear) Previous debridement/decompression Officer (spear) Of	ASA CLASS 1	2 3 4 [PLEASE CIRCLE]					
PLEASE PLACE IMPLANT LABELS ON THE REVERSE	BMI						
PREVIOUS OPERATION ON INDEX JOINT ROCAL TRATAPPY			-	STICK PATIENT LABEL HERE			
SURGEON TO CHECK & SIGN PLEASE FUNDING ACC Private DHB DHB Outsourced PREVIOUS OPERATION ON INDEX JOINT (ICCALI BIAL APPLY) Mone Bolator Cuff Repair Previous stabilisation Internal fixation for juxtaricular fracture Superior capsular reconstruction Anthroscopic debutidementidecompression Other (SICCIV). DIAGNOSIS Active facture proximal humerus Pest recurrent dislocation Tumour Other (SICCIV). Deltopectoral APPROACH (Incurumontation) Deltopectoral Navigation Painert specific instrumentation Other (SICCIV). Deltopectoral Navigation Primidar Surgeon to sign here: X Standard Standard				REGISTRY			
## SIGN PLEASE ## WINDING	_			LABELS ON THE REVERSE			
PREVIOUS OPERATION ON INDEX JOINT				It to check	eon to sign here:		
None Standard Standard Standard Stemless Short/metaphyseal stem Short/metaphyseal	FUNDING	○ ACC	Private	ОНВ	O DHB Ou	tsourced	
APPROACH [TICK ALL THAT APPLY] Deltopectoral Navigation Patient specific instrumentation Other [SPECIFY] PRIMARY SURGEON OPERATING THEATRE OPERATING THEATRE Conventional Start Skin Time: Laminar Flow or similar Finish Skin Time: SURGEON ATTIRE Space Suits/Helmet Fan: One-piece Toga or Sterile Hood and Go Conventional Gown	None Rotator Cuff Repair Previous stabilisati Internal fixation for Superior capsular r Arthroscopic debrid Other [SPECIFY] DIAGNOSIS Osteoarthritis Rheumatoid arthrit Cuff tear arthropat Massive cuff tear v Acute fracture prov Post old trauma Avascular necrosis Post recurrent dislo	r juxtarticular fracture econstruction dement/decompression is/other inflammatory hy vithout arthritis timal humerus	TICK ALL THAT APPLY]	Standard Stemless Short/metaphyseal st STRUCTURAL BO Allograft GLENOID MORPH A1 A2 A2 SYSTEMIC ANTIB NAME:	NE GRAFT HOLOGY B1 = B2 = B3 = BIOTIC PROF	Autograft C C D D D PHYLAXIS	
Deltopectoral Navigation Patient specific instrumentation Other [SPECIFY] PRIMARY SURGEON Conventional Gown Conventional Gown Conventional Gown		ALL THAT ADDIV 1		$\overline{}$	ATRE		
Navigation Patient specific instrumentation Other [SPECIFY] PRIMARY SURGEON Surgeon Attire Space Suits/Helmet Fan: □ One-piece Toga or □ Sterile Hood and Go Conventional Gown							
Patient specific instrumentation Other [SPECIFY] PRIMARY SURGEON Other [SPECIFY] One-piece Toga or Sterile Hood and Go Conventional Gown							
Other [SPECIFY] Space Suits/Helmet Fan: One-piece Toga or Sterile Hood and Go Conventional Gown		trumentation					
PRIMARY SURGEON				Space Suits/Helmet Fan: One-piece Toga or Sterile Hood and Gown			
		FON		Conventional Gown			
() consultant () Auv namee Onsuperviseu () Auv namee Suberviseu () Basic Namee	Consultant		Unsupervised	Adv Trainee Supervis	sed	Basic Trainee	

DO NOT PLACE IN PATIENT NOTES - TO BE RETAINED IN THEATRE SUITE

Cement [IF MORE THAN ONE MIX IS USED ONLY ONE CEMENT STICKER IS REQUIRED]	
Humerus Yes No Glenoid Yes No Please do not fold placed stickers bar coded label	PLACE CEMENT STICKER OR COMPLETE Cement Name: Cement Antibiotic (if present): Glenoid Please do not fold placed stickers bar coded label
Humeral Head Please do not fold placed stickers bar coded label	Augments Please do not fold placed stickers bar coded label

IMPORTANTIF A BILATERAL PROCEDURE TWO COMPLETED FORMS ARE REQUIRED