



When NHSN Proc Code is one of those listed below, circle the code and complete additional risk factor(s)	Additional Risk Factors	
FUSN   RFUSN	*Spinal Level: (check one) <input type="checkbox"/> Atlas-axis <input type="checkbox"/> Atlas-axis/Cervical <input type="checkbox"/> Cervical <input type="checkbox"/> Cervical/Dorsal/Dorsolumbar <input type="checkbox"/> Dorsal/Dorsolumbar <input type="checkbox"/> Lumbar/Lumbosacral  *Implant:   Yes   No	*Approach/Technique: (check one) <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior and Posterior <input type="checkbox"/> Lateral transverse  *Trauma:   Yes   No

**Custom Fields**

Label	Label
_____ / ___ / ____	_____ / ___ / ____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Comments**