

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
_____ /___/___	_____ /___/___
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Comments