



Periprosthetic Joint Infection Center

OrthoCarolina Hip & Knee Center

Patient Name:

Patient Date of Birth:

Referring Physician Contact Number:

Relevant Surgeries

Date of Surgery:

Date of Surgery:

Date of Surgery:

Current Implants:

Most Recent Aspirations

Date of Aspiration:

Total Nucleated Cell Count:

Percent Neutrophils:

Culture Results:

Synovasure Results:

Ongoing Antibiotic Treatment:

SED Rate:

CRP:

*Please also attach last clinic visit notes, op notes, any other relevant lab work where applicable.

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Fax information to 704-323-3807, attention Stacey Lewis

OR

Email completed form to stacey.lewis@orthocarolina.com