**ROCK Form 5C: Surgery Form – Osteochondral Allograft**

1. System Used
	1. Arthrex
	2. Other:\_\_\_\_\_\_\_\_
2. Allograft Type:
	1. Shell Allograft
	2. Dowel
3. Location of Harvest
	1. Medial Trochlear Ridge
	2. Lateral Trochlear Ridge
	3. Medial Femoral Condyle
	4. Lateral Femoral Condyle
4. Size of Allograft: \_\_\_\_\_\_mm x \_\_\_\_\_\_mm x \_\_\_\_\_\_\_mm
5. Type of Fixation (check all that apply)
	1. Pressfit
	2. Sealant
		1. Type:\_\_\_\_\_\_\_\_\_\_
	3. Screws (check all that apply)
		1. Metal
			1. Number: 1 2 3 Other:\_\_\_\_\_\_\_\_\_
			2. Type:
				1. #1

Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size:\_\_\_mm x \_\_\_\_mm

* + - * 1. #2

Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size:\_\_\_mm x \_\_\_\_mm

* + - * 1. #3

Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size:\_\_\_mm x \_\_\_\_mm

* + 1. Bioabsorbable
			1. Number: 1 2 3 Other:\_\_\_\_\_\_\_\_\_
			2. Type:
				1. #1

Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size:\_\_\_mm x \_\_\_\_mm

* + - * 1. #2

Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size:\_\_\_mm x \_\_\_\_mm

* + - * 1. #3

Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size:\_\_\_mm x \_\_\_\_mm

1. Complete Fill of Defect?: Yes / No
2. Matched Chondral Surface?: Yes / No