**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