

Hip X-Ray Template

Implant Description	Size	Side
Stem		
Shell		

Rep: _____

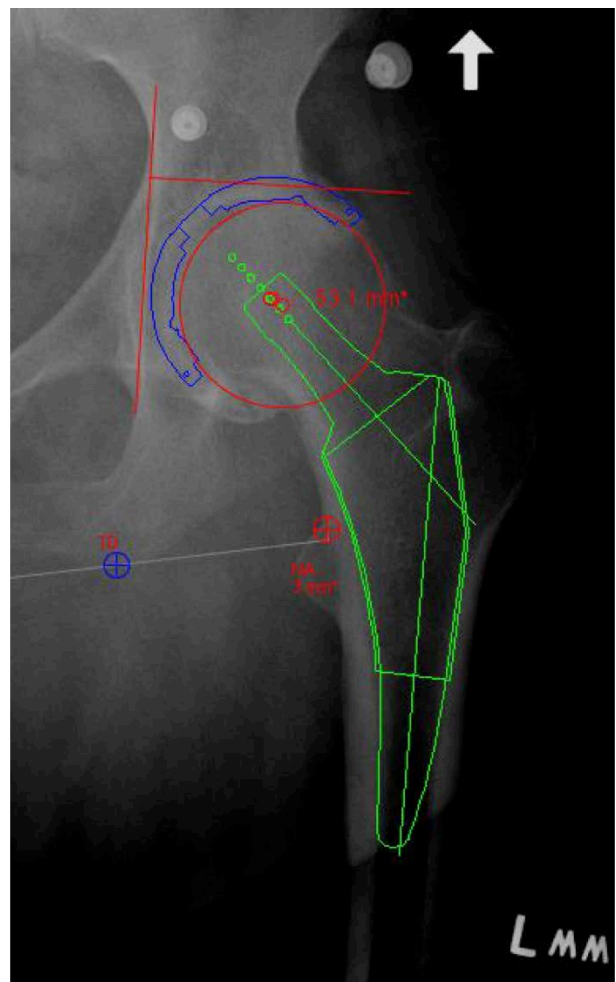
Surgeon: _____

Patient: _____

Patient DOB: _____

SMS Case #: _____

X-ray Date: _____



CONFIDENTIAL. This surgical plan is intended for internal use only. Final implant sizing is based on intraoperative surgeon assessment. Not for distribution.

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