

Pedicle Validation Follow-Up Visit Questionnaire

Please complete and email to Todd.evans@osteocentric.com

Date _____

Please circle the correct follow up visit (2-week, 1-month, 3-month, 6-month, 12-month)

Patient ID (last 4 digits) _____

Full Name of Surgeon _____

1. Is there any radiographic evidence of fastener loosening?

- a) Yes _____
b) No _____

2. Is there any evidence of fastener migration?

- a) Yes _____
b) No _____

3. As compared to standard compression-based screws, are there any notable observations about the implant/bone interface with the UnifiMI fastener?

4. With respect to procedures with standard, compressive-based buttress screws, does the patient appear to be appropriately healing at the operative level, considering the current follow-up period?

- a) Yes _____
b) No _____

5. Are there any other notable findings? If so, please describe?

