

# KNEE FOLLOW-UP

— X-RAY ORDER —

MIDLANDS  
orthopaedics  
&NEUROSURGERY

\*Patient - Please fill your NAME and DATE OF BIRTH before visiting the office.

RX

FOR (NAME) \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

POSTOP PATIENTS - Please choose/circle ONE section (either 1, 2, or 3) to ensure the appropriate x-rays are obtained from the patient's radiology facility.

1. LEFT
  - i. Presence of left artificial knee joint - **Z96.652**
2. RIGHT
  - i. Presence of right artificial knee joint - **Z96.651**
3. BILATERAL
  - i. Presence of artificial knee joint, bilateral - **Z96.653**

Views (please include each of the following)

1. AP
2. Lateral
3. Sunrise
4. 45° flexion

Please provide the patient with a CD digital copy of these x-rays for my review, and mail to:

Midlands Orthopaedics & Neurosurgery  
ATTN: Gross Follow-Up  
1910 Blanding Street Columbia, SC 29201

Thomas  
P Gross,  
MD

Digitally signed  
by Thomas P  
Gross, MD  
Date: 2026.02.05  
09:20:30 -05'00'

