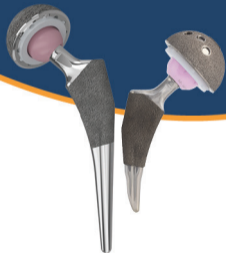


m a x x
orthopedics



The owner of this card
has metal implants from a
**PARTIAL OR TOTAL HIP
REPLACEMENT** surgery.

This implant may activate
metal detectors and security
devices.



Name _____

Clinic _____

Surgeon _____

Surgeon Tel. No. _____



Surgery Date _____



To reduce the risk of infection, notify your physician or dentist for possible antibiotic treatment prior to any medical procedure.

For more information visit **maxxortho.com**

