

**maxx**  
orthopedics

The owner of this card has metal implants from a **PARTIAL, TOTAL OR REVISION KNEE 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**

