

FORM 9
1 Year Follow-up Letter to Patients

Multicenter ACL Revision Study

Sponsored by The American Orthopaedic Society for Sports Medicine

<Date>

<Investigator's Name>

<Investigator's Hospital Affiliation>

<Address>

<City>, <State>

<Zip Code>

RE: MARS Study Follow-up

At the time of your revision ACL surgery, you enrolled in the Multicenter ACL Revision (MARS) Study, which involved completing a questionnaire that helped document how and when your knee was injured, your physical activity level, and how your knee functioned before your surgery. We wish to compare those answers to ones you will give with the same questionnaire that will be mailed to you sometime next year (near the anniversary of your 2 year surgery date). In an effort to keep our records current and to help us follow your progress, we are asking you to update your contact information. If it has changed, please make the updates below and return this letter to us in the postage-paid envelope enclosed.

If you should have questions, please contact this study's toll-free number (888) 344-8866.

Your Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email address _____

Emergency Contact Information:

Contact name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

THANK YOU!