

XPSI Evaluation Survey

Surgeon Name: _____

Sales Associate Name: _____

Instructions Prior to surgery, please review the surgical technique to ensure proper use of the instruments. Please circle/fill-in answers to all questions listed below and send completed evaluations to Rob Piecuch at rob.piecuch@zimmerbiomet.com

Please answering the following two questions on the XPSI guides:

1. Were you able to fit the XPSI femoral guide on the bone in a clinically acceptable manner?

☐ Yes

☐ No

☐ If no, please elaborate _____

2. Were you able to fit the XPSI tibial guide on the bone in a clinically acceptable manner?

☐ Yes

☐ No

☐ If no, please elaborate: _____

If you answered "No" to questions 1 and/or 2:

Please complete the attached PER form and submit it, along with a copy of the survey to:

product.experience@zimmerbiomet.com.

Please complete the following information for all cases:

Please indicate the cut block change below if adjusted:	
• Femur: Increase/Decrease	___ mm change
• Tibia: Increase/Decrease	___ mm change
Actual measurements: (excluding saw blade)	
• Femoral medial distal resection	___ mm
• Femoral lateral distal resection	___ mm
• Tibial medial resection	___ mm
• Tibial lateral resection	___ mm
Implants:	
• Femoral implant size	Planned ___ Used ___
• Tibial implant size	Planned ___ Used ___
• Tibial articular surface thickness	___
Incision length	___ mm

Surgeon Signature: _____ Date: _____