

Drive Case Management System (DCMS) Registration Form



ZIMMER BIOMET
Your progress. Our promise.®

PS Product: PSI/Signature Knee Guide ROSA

Sales Representative Information *REQUIRED*			
First Name	Last Name	Phone Number	E-mail Address
Sales Team		Distributor	
Distributor/Country (Shipping Address)			
Address		City	State/Province
Zip Code	Country	Surgeon(s) to Associate	

Surgeon Information and Association *REQUIRED*		Oxford Trained?	Yes	No
First Name	Last Name	E-mail Address		
Account/Hospital (Where surgery is performed)				
Address		City	State/Province	
Zip Code	Country	Phone Number	Sales Team/Rep	
Procedure				
Modality		Scan Center		

Scan Center Information *REQUIRED*		Is this site already approved?	Yes	No
Scan Center Name				
Address		City	State/Province	
Zip Code	Country	Phone Number	Modality	
Scanner Manufacturer		Model Name		
Field Strength (MRI)		Slices (CT)		
Does the scan center have a Full Length Board? (X-Ray)		How does the scan center take images? (X-Ray)		

Scan Center Imaging Contact(s)			
First Name	Last Name	E-mail Address	Phone Number
First Name	Last Name	E-mail Address	Phone Number

IT Contact			
First Name	Last Name	E-mail Address	Phone Number

Test Scan Image Information	
Modality	Test Study Name (i.e. patient's name, Test Zimmer Biomet, etc)

Patient Care Coordinator (Surgery Scheduler)			
First Name	Last Name	Phone Number	
Address		City	State/Province
Zip Code	Country	E-mail Address	

CONFIDENTIAL. The patient's surgeon is solely responsible for determining the appropriate treatment, technique(s), sizing, and products for each individual patient.