

# Personalized Solutions



ZIMMER BIOMET  
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## CT Scanner Registration Form

### Joint

Please select one or both options as applicable:      Test Scan      Laurel Bridge/VPN  
(only for new scanner registration)

#### Sales Professional

Name			
First	Last	Phone Number	Email

#### Surgeon Information

Name			
First	Last	Phone Number	Email

#### Scan Site

Name	Address	City	State	Zip Code
Scanner Manufacturer		Slices		

#### CT Contact

Name			
First	Last	CT Phone Number	Email

#### IT Contact

Name			
First	Last	Phone Number	Email

Submit the completed registration form to [personalizedsolutions@zimmerbiomet.com](mailto:personalizedsolutions@zimmerbiomet.com)

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



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