

Personalized Solutions



ZIMMER BIOMET
Your progress. Our promise.®

MRI Scanner Registration Form

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

Surgeon Information

Name			
First	Last	Phone Number	Email

Scan Site

Name	Address	City	State	Zip Code
Scanner Manufacturer		Field Strength		

MRI Contact

Name			
First	Last	MRI Phone Number	Email

IT Contact

Name			
First	Last	Phone Number	Email

Submit the completed registration form to 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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