# Efficient Care



# X-ray Template Registration Form

To ensure setup accuracy, please fill out the form electronically. Reason Do not print and handwrite answers in the fields.

New Business Protect Business Protect Price Pull Through

## Step 1

Sales Professional				
Sales Representative Name		Team/Distributorship		
First	Last	Phone Number	Email	
<b>Surgeon Information</b>				
Surgeon Name		Hospital Name		
First	Last	City		State
Surgery Scheduler Info	ormation			
Surgery Scheduler Name				
First	Last	Phone Number	Email	
Scan Site Facility Infor	mation*	,		
Name		Address		Phone Number
*Where connection will be established				
Step 2				
X-ray Scan Location - I	T Manager			
Site Name	Contact Name	Phone Number	Email	
X-ray Scan Location - Scan Technician Manager				
Site Name	Contact Name	Phone Number	Email	

How does the scan site take images?

Is the scan site currently using calibration markers?

What size calibration markers is the scan site using?

Is the scan site currently sending images to Zimmer Biomet?

### Step 3

**Total Knee Arthroplasty** 

Surgeon Preference: Select one Femoral, Tibial, Patella, Bearing and Referencing preference

#### **Persona® The Personalized Knee System**

Femoral Implant Type Tibial Implant Type Patella Type

Bearing Type Referencing

#### Vanguard® Knee System

Femoral Implant Type Tibial Implant Type Patella Type

Bearing Type Referencing

#### **NexGen® Complete Knee Solution**

Femoral Implant Type Tibial Implant Type Patella Type

Bearing Type Referencing

#### **Total Hip Arthroplasty**

Surgeon Preference: Select one Acetabular and Femoral preference

#### **Most Frequently Used**

Acetabular Shell Femoral Component

## Step 4

Submit the completed registration form to <a href="mailto:efficientcare@zimmerbiomet.com">efficientcare@zimmerbiomet.com</a>

