

ONE Planner Hip / ROSA Hip System X-Ray Registration Form



To ensure setup accuracy, please fill out one form per scan site.
Fill out form electronically, do not print and submit handwritten form.

Step 1

Sales Professional

Sales Representative Name		Sales Team/Distributorship	
First	Last	Phone Number	Email
Address			Country
Account Name			
Is this a ROSA Hip* certified surgeon? Yes No			
Is the scan site aware that Personalized Solutions will be contacting them? Yes No			

ROSA Program Development Manager (When Applicable)

First	Last	Phone Number	Email

Surgeon Information

Surgeon Name	
First	Last
Email	
Surgeon Name	
First	Last
Email	
Surgeon Name	
First	Last
Email	

Surgery Scheduler Information / Office Contact

Surgery Scheduler Name			
First	Last	Phone Number	Email

Step 2

Scan Site Information*

Name	Address	Phone Number

* Where imaging will be performed

Scan Site - IT Manager

Contact Name	Phone Number	Email

Scan Site - Imaging Technologist

Contact Name	Phone Number	Email

Spherical marker size facility will be using

Is the scan site currently sending images to Zimmer Biomet?

*Provided by facility,
is not provided by Zimmer Biomet.*

Lateral imaging required to assess pelvic tilt. Surgeon must indicate on imaging order if lateral imaging is to be performed.

Step 3

Submit the completed registration form to personalizedsolutions@zimmerbiomet.com

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