

Personalized Solutions



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

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

