



Zimmer Biomet® Patient Specific Instruments for Total Shoulder Arthroplasty

**SIGNATURE ONE SHOULDER** *Surgeon Registration Form*

**Registration and Confirmation of Training**

**Surgeon Information**

<b>First Name</b>	<b>Last Name</b>	<b>Phone Number</b>	<b>Email</b>
<b>Account/Hospital</b>			
<b>City</b>	<b>State/Province</b>	<b>Zip/Postal Code</b>	<b>Country</b>

By signing this form, the surgeon confirms that approval or rejection of the surgical plan, as detailed on the next page of this document, is the legally binding equivalent of a handwritten signature.

<b>Signature</b>		<b>Date (DD-MMM-YYYY)</b>	
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**Surgical Plan Preferences**

**TSA (Total/Anatomic Shoulder)**

<b>Implant Type</b> (select preference)	<input type="checkbox"/> Comprehensive Total	<b>Implant Inclination</b>	<b>deg.</b>	
	<input type="checkbox"/> Alliance Glenoid		<input type="checkbox"/> Inf.	<input type="checkbox"/> Sup.

<b>Additional notes</b>	
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**RSA (Reverse Shoulder)**

<b>Implant Type</b> (select preference)	<input type="checkbox"/> Comprehensive Reverse (Mini)	<b>Implant Inclination</b>	<b>deg.</b>	
	<input type="checkbox"/> Comprehensive Reverse (Augment)		<input type="checkbox"/> Inf.	<input type="checkbox"/> Sup.
	<input type="checkbox"/> TM Reverse Plus			

<b>Additional notes</b>	
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**Sales Associate Information**

<b>First Name</b>	<b>Last Name</b>	<b>Phone Number</b>	<b>Email</b>
<b>Distributor/Territory</b>		<b>Sales Team</b>	

**Shipping Address**

<b>Name/To</b>		<b>Address</b>	
<b>City</b>	<b>State/Province</b>	<b>Zip/Postal Code</b>	<b>Country</b>

**Please list the CT scan sites utilized by this surgeon for shoulder cases**

<b>Name of the Scan Site</b>	<b>City</b>	<b>State/Prov.</b>	<b>Approved</b>	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

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



**Zimmer Biomet® Patient Specific Instruments for Total Shoulder Arthroplasty**

**SIGNATURE ONE SHOULDER** *Surgeon Registration Form*

This Training Form is intended to confirm and document surgeon understanding of the Zimmer Patient Specific Instruments (PSI) for the shoulder replacement "Signature™ ONE" system, which includes the Signature™ ONE Planner Software application and the Signature™ ONE patient-specific guides for the glenoid components of the following shoulder implant systems: Zimmer® Trabecular Metal™ Reverse Plus (TMR+), Comprehensive® Total Shoulder System, Comprehensive® Reverse Shoulder System and Alliance Glenoid System.. Contact your Zimmer Biomet representative regarding implant regulatory clearance in your country.

By signing this form, the surgeon acknowledges having received training to prepare and execute PSI case surgery for the implant used with the following material (at the revision below or greater):

- 807.001 – Signature™ ONE Planner User Guide REV.C
- 2532.3-GLBL-en – Signature™ ONE Guides Surgical Technique

**Implant inclination**

The original Signature system's inclination reference had 8° superior inclination included. The Signature ONE inclination reference is directly aligned to the Friedman line (no added inclination) and therefore may result in inclination differences when comparing to previous Signature cases. The Signature ONE inclination reference is identical to the legacy ZPSI shoulder system.