

Total Knee & Hip Warranty + Claim Form



Please note: Claim Form must be returned within 30 days of revision surgery:

Account Name		Customer Account Number	
Address			
Street Address		Address Line 2	
City	State	Postal/Zip Code	

Surgeon Name			
First	Last	Suffix	NPI#

Patient Name			
Title	First	Last	Suffix
Street Address		Address Line 2	
City	State	Postal/Zip Code	
Date of Birth		Gender	
MM	DD	YYYY	Male Female
Original Surgery Date		Revision Surgery Date	
MM	DD	YYYY	MM DD YYYY
Warranty Add On Technologies Used		Product will be returned?	
ROSA Robotics	mymobility	Bactisure	Yes No
		Please return product within 2 days of surgery.	
		If yes Zimmer Biomet will contact you w/CMP & RGA	
		SMS Case number and SMS Case number for the revision	

Reason for Revision:		Ref #	Lot #
*Attach invoice of original surgery or sticker sheet of op notes from original surgery.			
Original Implant			
Left Knee	Right Knee	Brand	
Left Hip	Right Hip	Brand	
		Ref #	Lot #
Revision Implant Sticker(s)			
Ref #	Lot #	Zimmer Biomet Representative Name (Printed)	
Ref #	Lot #	Zimmer Biomet Representative Signature	
		Date: MM / DD / YYYY	Distributor

Part 1 — Patient Chart Account
 Part 2 — Zimmer Biomet Customer Operations
 Part 3 — Surgeon

[Click here to Submit to Zimmer Biomet Customer Service](#)

CONFIDENTIAL PERSONAL HEALTH INFORMATION. If you are not the intended recipient, please contact Zimmer Biomet customer service at warrantyclaim@zimmerbiomet.com or destroy.

3350.1-US-en-Issue Date YYYY-mm-dd