

Oxford® Partial Knee Warranty Claim Form

Please note: Claim Form must be returned within 5 days of revision surgery.

Hospital 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	
(must be after September 10, 2012 for patients who received an Oxford Knee with Signature technology or April 29, 2013 for all other Oxford Knee patients)			
MM	DD	YYYY	MM DD YYYY
		Product will be returned?	
		Yes No	
		If yes Zimmer Biomet will contact you w/CMP & RGA #	

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

Part 1 — Patient Chart Hospital

Part 2 — Zimmer Biomet Customer Operations

Part 3 — Surgeon

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