

# Non-SAP Surgeon – VISIONAIRE VPS System Surgeon On-boarding

Complete this form to request a surgeon be added to the VISIONAIRE VPS System. This form should be used for any surgeon who does not have an account in SAP. This form cannot be used for any country where a surgeon has an established SAP account.

Complete all fields on this form and submit to [VisionaireSupport@smith-nephew.com](mailto:VisionaireSupport@smith-nephew.com) or fax to 1-888-399-4198.

\*Required Field

## Regional Information

Responsible Sales Rep Full Name (Last, First)\* \_\_\_\_\_

Back-Up Sales Rep Full Name (Last, First)\* \_\_\_\_\_

Additional Sales Rep Email Addresses: \_\_\_\_\_

Responsible Managing Director Full Name (Last, First)\* \_\_\_\_\_

Country\* \_\_\_\_\_

## Surgeon Information

Surgeon Title\* \_\_\_\_\_

Surgeon Full Name (Last, First)\* \_\_\_\_\_

†Surgeon Primary Email Address\* \_\_\_\_\_

Office Phone Number\* \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

Additional Staff Email Addresses (to receive notifications): \_\_\_\_\_

## Hospital Information

Name of Institution\* \_\_\_\_\_

Street Address\* \_\_\_\_\_

City\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Country\* \_\_\_\_\_

## Account Classification

Smith & Nephew Customer

New Customer

If Smith & Nephew Customer, at risk

If new, company currently used \_\_\_\_\_

University with peer influence

VISIONAIRE VSP/Clinical Study Site

Smith & Nephew implant system(s) used\*  GENESIS<sup>◇</sup> II  LEGION<sup>◇</sup> Primary  JOURNEY<sup>◇</sup> II  TC-PLUS<sup>◇</sup> (not for sale in US)

Percentage OXINIUM<sup>◇</sup> alloy\* \_\_\_\_\_

Expected annual TKA units\* \_\_\_\_\_

Expected annual VISIONAIRE Cutting Guide units\* \_\_\_\_\_

Expected TKA Average Selling Price\* \_\_\_\_\_

Expected VISIONAIRE Cutting Guide Average Selling Price\* \_\_\_\_\_

## VISIONAIRE VPS System Surgeon Specifics

Will the surgeon's office provide X-Rays?\*  Yes  No

Is the surgeon competitive?\*  Yes  No

## VISIONAIRE VPS System Surgeon Email Specifics

Please tick which email notifications surgeon should receive:

- |                              |                          |                                 |                          |
|------------------------------|--------------------------|---------------------------------|--------------------------|
| Case submission Confirmation | <input type="checkbox"/> | Rejected Images – Image Quality | <input type="checkbox"/> |
| 72 hr – Upload Reminder      | <input type="checkbox"/> | Postponed                       | <input type="checkbox"/> |
| 48 hr – Upload Reminder      | <input type="checkbox"/> | Product Shipping Confirmation   | <input type="checkbox"/> |
| 24 hr – Upload Reminder      | <input type="checkbox"/> | Case Cancellation Confirmation  | <input type="checkbox"/> |
| Cancelled Cases – No images  | <input type="checkbox"/> | Surg. Date Change Confirmation  | <input type="checkbox"/> |
| Preop Plan available         | <input type="checkbox"/> |                                 |                          |

***Preop notifications as well surgery date change obligatory and cannot be removed***

## VISIONAIRE VPS System Sales Rep Email Specifics

Please tick which email notifications associated sales rep should receive:

- |                              |                          |                                 |                          |
|------------------------------|--------------------------|---------------------------------|--------------------------|
| Case submission Confirmation | <input type="checkbox"/> | Rejected Images – Image Quality | <input type="checkbox"/> |
| 72 hr – Upload Reminder      | <input type="checkbox"/> | Postponed                       | <input type="checkbox"/> |
| 48 hr – Upload Reminder      | <input type="checkbox"/> | Product Shipping Confirmation   | <input type="checkbox"/> |
| 24 hr – Upload Reminder      | <input type="checkbox"/> | Case Cancellation Confirmation  | <input type="checkbox"/> |
| Cancelled Cases – No images  | <input type="checkbox"/> | Surg. Date Change Confirmation  | <input type="checkbox"/> |
| Preop Plan available         | <input type="checkbox"/> |                                 |                          |

***Preop notifications, 48 hr - upload reminder, cancelled case – no images, case cancellation as well as surgery date change obligatory and cannot be removed***

## Surgeon Scheduler

Will the surgeon use a scheduler?\*  Yes  No

*If yes, please provide the following:*

Scheduler Full Name (Last, First)\* \_\_\_\_\_

†Scheduler Email Address\* \_\_\_\_\_

Scheduler Phone Number\* \_\_\_\_\_

## Imaging Center

Will the surgeon use an existing approved imaging center?\*  Yes  No

*If no, please complete the Diagnostic center information form 7128-1436*

*If yes, please list the imaging center (s) name, city, zip and country\**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

## Preference Call

As part of the onboarding process for VISIONAIRE Technology it is essential to organize a call between surgeon and responsible Smith & Nephew engineer. Please indicate availability of the surgeon for the call:

Date \_\_\_\_\_

Time \_\_\_\_\_

Contact details for call \_\_\_\_\_

Other comments \_\_\_\_\_