

US Surgeon – 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 US surgeon with an active SAP account. If the surgeon being added does not have a SAP account, contact the district office Operations Admin to create SAP account.

Complete all fields on this form and submit to VisionaireSupport@smith-nephew.com or fax to 1-888-399-4198.

***Required Field**

Surgeon Information

Sales Rep Full Name* _____ Sales District* _____

Surgeon Full Name* _____ Surgeon SAP ID number* _____

Surgeon Office Phone Number* _____ Cell Phone Number: _____

†Surgeon Primary Email Address* _____

Primary Hospital Information

Name of Institution* _____

Street Address* _____

City* _____ Zip* _____

Country* _____

VPS Web System Specifics

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

Is the surgeon competitive?* Yes No

Annual TKA units:* _____

Smith & Nephew Customer New Customer

If Smith & Nephew Customer, at risk If new, company currently used _____

Surgeon Scheduler

Will the surgeon use a scheduler?* Yes No

If yes, please provide the following:

Scheduler Full Name* _____

†Scheduler Email Address* _____

Scheduler Phone Number* _____

Smith & Nephew implant system(s) used?* GENESIS[°] II LEGION[°] Primary JOURNEY[°] II TKA

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, and state**

1. _____
2. _____
3. _____
3. _____
5. _____

Preference Call

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

Preference 1*

Preference 2

Preference 3

Date _____

Date _____

Date _____

Time _____

Time _____

Time _____

Contact details for call _____

Other comments _____

Shipping Information

Will the VISIONAIRE Cutting Guides be shipped to the Primary Surgery Location listed?*

Yes

No

*If no, please provide the following shipping information**

You must provide either the Ship to account SAP ID or the Ship to Address

Ship to account name: _____

Ship to account SAP ID: _____

Ship to Address 1: _____

Ship to Address 2: _____

Ship to City: _____ State: _____ Zip or Postal Code: _____