

# Medical Information Request Form



Office of Medical Affairs

**Mail, email or fax this form to:**

Office of Medical Affairs  
Zimmer Biomet  
56 East Bell Drive  
Warsaw, IN 46581-0587  
Fax: 574-372-1620  
eMail: [medinfo@zimmerbiomet.com](mailto:medinfo@zimmerbiomet.com)

Check this box to have a Medical Science Liaison (MSL) contact you.

Please print all information and sign below.

Practitioner Name		Degree
Institution/Practice Name		Dept./Specialty
Address		
City	State	Zip
Telephone No.	Fax	eMail

Please send me the following information

Practitioner's Signature	Date
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Signature verifies that this request for information was unsolicited.  
Request is not valid without practitioner's signature.

