

Physician's Name: _____

Specialty: _____

| | | | |
|---|--|--|--|
| Practice Locations | | | |
| Name and Address | | | |
| Phone | | | |
| Facility's Contact Name: | | | |
| | | | |
| Facilities you anticipate to operate in: | | | |
| Policies for bringing in new products: | | | |
| Credential requirements to start a new procedure from your facility | | | |
| Contacts and phone numbers at the Facility for beginning the process: | | | |
| Rep Credentialing Organization: | | | |

elliquence Reps's name? _____

CHECK ALL THAT APPLY

Insurances and Payment Major Med's Medicare Personal Injury Cash Pay

If personal injury was selected, what is your practice percentage? Less than 10% 25% 50% 75% 100%

If cash was selected, what percentage of your practice is cash? Less than 10% 25% 50% 75% 100%

| Procedural Experience & Volume | Yes (#) of cases /month | No | Anticipated Volume After Training Per Month ↓ PLEASE FILL IN |
|---|-------------------------|----|---|
| Injections | | | |
| Discograms | | | |
| Non-endo Percutaneous Procedures | | | |
| Disc-FX | | | |
| Endoscopic Spine | | | |
| Transforaminal | | | |
| Interlaminar | | | |
| Rhizotomy | | | |
| Microscopic Tubular Surgery | | | |
| MIS Fusion | | | |
| Others (ie:) | | | |