elliquence
Less Is More®

Physician Practice Metrics

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. Cases Per Month ↓ PLEASE FILL IN
Injections			
Discograms			
Stryker Decompressor			
Disc-FX			
Disc-FX Mini			
Transforaminal Endoscopy			
Interlaminar Endoscopy			
Endoscopic Rhizotomy			
Microscopic Tubular Surgery			
MIS Fusion			
Others (ie:)			

Please email completed workshop questionnaire and registration form to **labs@elliquence.com**