

Please take a moment to fill in **all** of the information requested below. This will be used to complete your listing in the DePuy Spine Medical Professional Locator Service. Thank you for participating.

MD DO Other _____

Specialty:

Anesthesiology Chiropractic Neurosurgery Orthopedics
 Physiatry Interventional Radiologist Interventional Neuro-Radiologist
 Pain Management Specialist Other _____

First and Last Name		
Practice Name or Hospital Affiliation		
Mailing Address		
City , State, and ZIP		
eBusiness SOLUTIONS Team		
Daytime Phone	Fax	
Web Site Address (if applicable; ie, www.practicename.com)		

E-mail address (required for confirmation)

Signature (required)

By submitting this registration form, you consent to be part of the DePuy Spine Medical Professional Locator. This information is intended for use by residents of the United States. We ask that you agree to the terms of DePuy Spine's Privacy Policy (see www.allaboutbackandneckpain.com/html/privacy.asp for additional information) and consent to the collection, use, and disclosure of this information in accordance with the Privacy Policy. DePuy Spine will take reasonable measures to prevent personally identifiable information from being combined with passively collected information, unless you consent otherwise.

When completed, please print this form, sign where indicated, and fax the form to the DePuy Spine eBusiness Team at 508.374.6020.