

Trial Request Form

Submit to Pristine Sales Leadership > 2 Weeks from Trial Start Date for Approval

Facility Name:		Trial Start Date:	
Facility Shipping Address:			
Facility Billing Address (if different than shipping address):			
Facility Administrator Name:			
Title:		Phone:	Email:
Trial Equipment Requested <input type="radio"/> Connect Kit (IPU, Hotspot, Tablet, Cords, USBs) – Required <input type="radio"/> 4K Monitor Kit - Optional <input type="radio"/> Single Shelf Cart Kit - Optional			
Trial Equipment Shipping Address:			
Does Trial Require a No-Charge PO:		<input type="radio"/> YES	<input type="radio"/> NO
Shipping Instructions:			
Current Visualization Vendor:			
Current Number of Monitor(s):		4K:	<input type="radio"/> YES <input type="radio"/> NO
Surgeon 1	Trialing Surgeon Name:		
	Surgeon Email address for Connect:		
	Surgeon Prints Images:		<input type="radio"/> YES <input type="radio"/> NO
	Surgeon Use Microphone for Videos:		<input type="radio"/> YES <input type="radio"/> NO
Surgeon 2	Trialing Surgeon Name:		
	Surgeon Email Address for Connect:		
	Surgeon Prints Images:		<input type="radio"/> YES <input type="radio"/> NO
	Surgeon Use Microphone for Videos:		<input type="radio"/> YES <input type="radio"/> NO
Requesting Rep Name:			
Requesting Rep Email:			
Requesting Rep Phone:			
Overall Notes/Comments (additional surgeons as needed)			