



SURGEON VISITATION PROGRAM | REQUEST FORM

Note: This document is intended to provide clear expectations while organizing a visit to a host surgeon. It is NOT the final approval. TJO reserves the right to modify any requests. Requests with different sites or visits from those on this request form may not be granted. Contact surgeonvisit@tjoinc.com with questions.

GENERAL INFORMATION

Requestor: _____

Name of Visiting Surgeon(s): _____

Name of Requested Host Surgeon(s): _____

Requested Operating Room Date(s) of Visit (TBD; submit when scheduled) _____

TJO Product(s) to be Observed (include number of operations if known): _____

DESCRIPTION OF REQUESTED SERVICES

Duration of Visit:

- ☐ Half Day (at least two TJO surgeries)
- ☐ Full Day (at least three TJO surgeries and dinner)
- ☐ Other (please describe below)

Describe specific surgeries and/or any particular requests for visit. TJO cannot guarantee specific surgeries or requests will be accommodated.

APPROVAL GRANTED

Brant Burns, for TJO

Date