

# NEW ACCOUNT REGISTRATION

For the purpose of registering you in OssDsign Customer Communication Platform (CCP), we ask you to provide us with some information. **Name, e-mail, mobile phone number and hospital name are required for account set-up** all are marked with an asterisk (\*).

The information you provide here will ONLY be used to create your account in CCP. Your mobile phone number is required for your identity verification and for sending updates on the status of your future design request.

After filling in, please email to [order@ossdesign](mailto:order@ossdesign).

## SURGEON

Name\*  Title   
Phone (office)  Phone (mobile)\*   
E-mail\*

## CONTACT PERSON (hospital personnel who may place the request on behalf of the surgeon, and/or process quotes)

Name\*  Title   
Phone (office)  Phone (mobile)\*   
E-mail\*

## HOSPITAL/CLINIC

Hospital/Clinic name\*   
Department

## DELIVERY ADDRESS

Street   
City  County   
Postal code  Country

## INVOICE DETAILS