Criteria and application for CAOS reference clinics

If you like to register your practice as a CAOS Reference Clinic, please fill this questionnaire.

Please provide your contact details

Address: ____________________________

Telephone No.: _______________________

Email: _____________________________

Website: ____________________________

Please list types of CAOS procedures in your practice
(e.g. navigation, robotics, patient specific instruments, etc.)

When did your clinic first use CAOS technology for this type of intervention?

Which percentage of this type of interventions is performed conventionally?
(i.e., without using any CAOS system)

On average, how many of these CAOS surgery is your clinic performing per month?

How many surgeons of your team are trained in using CAOS for these interventions?
(more than one year of experience)

What system are you using?
(e.g., name of manufacturer or ‘in-house development’)

Who is the most experienced CAOS user of your team?

When did this person first apply CAOS technology intra-operatively?

email: secretariatcaosinternational@gmail.com
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Who of your team is a member of CAOS International?

Can you train a CAOS fellow for one month? When?

What kind of accommodation could you arrange for a potential scholar? (e.g., clinic’s residential accommodation)

Remarks

Name: __________________________
Position: _________________________
Date: ____________________________

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