

Personalized Solutions

DICOM parameters

Image Transmission:

Upon using the Zimmer Biomet image transfer process please ensure the DICOM images follow the specifications below. In some instances, the study information might have been automatically populated by the system or might have to be typed manually.

Protocol Elements

DICOM Field Name	DICOM Tag	Content
Referring Physician Name	0008, 0090	Orthopedic Surgeon (complete surname, complete first name)
Patient Name	0010, 0010	Last, First, Middle
Patient Date of Birth	0010, 0030	YYYY/MM/DD
Gender	0010, 0040	M or F

Please choose one:

Study Description	0008, 1030	Specify Procedure (text must contain no spaces) ZB + Joint + Side Knee: ZBKNEEL or ZBKNEER
Protocol Name	0018, 1020	Shoulder: ZBSHOULDERL or ZBSHOULDERR Hip: ZBHIPL or ZBHIPR

If neither of these fields are available, other options may be acceptable so please contact customer support.

Confidential. The patient's surgeon is solely responsible for determining the appropriate treatment, technique(s), sizing and products for each individual patient.

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