From: Stephen Thompson

Sent: Thursday, December 31, 2009 11:56 AM

To: Jeffrey Gillam; Michael Rose; Jonathan Steinbach; Rudy Wong; Brian Finster; Adam Pelatt

Cc: Lynn Moffett; Dave Vort; Chad Zaring; Jamie Lewis; Dave Vort; Kristian Pettengill; Whitney

Le Blanc; Kara Chapman; Scott Floyd

Subject: RE: Credentialing Review

Great follow up Mike. By reviewing credentialing prior to its final approval, and then exposing and discussing future challenges with reference stories at the highest level, you not only lay the groundwork for a successful launch, but show your level of commitment in this programs future growth. These type of activities will have a significant impact in the Montana market.

Regards, Steve

Stephen Thompson
Area Sales Director
Cell: 612-247-3354
www.davincisurgery.com
www.davinciprostatectomy.com

From: Jeffrey Gillam

Sent: Thursday, December 31, 2009 12:19 PM

To: Michael Rose; Jonathan Steinbach; Rudy Wong; Brian Finster; Adam Pelatt Cc: Lynn Moffett; Dave Vort; Stephen Thompson; Chad Zaring; Jamie Lewis

Subject: FW: Credentialing Review

Team

See below. This is why it is imperative to become a clinical consultant for our hospitals, especially our greenfields who put credentialing guidelines together that might be challenging in starting their programs. Billings Clinic was headed in difficult direction about to adopt some very stringent criteria. Mike helped to point out some things that they might not have understood in adopting such stringent criteria and with that I believe the program will have a much better chance of success.

Mike, nice job on taking charge and ownership of your programs. That sort of involvement will go a long way in building your credibility with your hospitals and developing some strong robotics programs in the Montana territory.

jeff

Jeff Gillam, MBA
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From: Wharton, Peggy [mailto:pwharton@billingsclinic.org]

Sent: Wednesday, December 30, 2009 6:23 AM

To: Michael Rose; Neugebauer, Duane Cc: Jeffrey Gillam; Hines, Jackie OR Subject: RE: Credentialing Review

Thanks Mike

We will review and most likely will decrease the 5 down to 3 and in category II move from 3 to 2

In regards to observation---- we will get clarity—I was thinking more around having surgeons who express an interest in this technology—needing to observe two cases—may not be in their specialty prior to going to Sunnyvale for training

**EXHIBIT PT-137**