exogen®

PERFORMANCE PROGRAM

Registration Form

EXOGEN serial number _____

Patient Information

Name _____

Address _____

_____

City _____

Postal code _____

Province/Region _____

Country _____

Telephone _____

Email address _____

Defined fracture to treat _____

☐ I authorise my treating physician to communicate my personal data (including sensitive health information) to Bioventus. Bioventus is permitted to collect, store and use this information to provide benefits in relation to the EXOGEN Performance Program. Bioventus may store and access my personal data in countries outside of EU whose laws are less protective of personal data; where it does so, Bioventus will ensure that the level of data protection applied meets applicable laws.

Patient signature _____ Date _____

Prescribing Physician Information

Name _____

Address _____

_____

City _____

Postal code _____

Province/Region _____

Country _____

Telephone _____

Email address _____

☐ This patient meets the criteria of the EXOGEN Performance Program as described on the back of this card.

Physician signature _____ Date _____

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The EXOGEN Performance Program is a Bioventus program that refunds to buyers participating in the program, the payment for EXOGEN if progression of healing (progression to bony union) is not shown per criteria below. It is also designed to help reinforce patients' adherence for the prescribed treatment.

Actual size

Criteria

Buyers of EXOGEN participating in the program are eligible when the device has been prescribed by a qualified physician to treat a stable, established nonunion† fracture with a fracture gap less than 10 millimeters (excluding vertebra and skull fractures). Patients must treat their nonunion fracture with EXOGEN per product instructions, for a minimum of 120 days and achieve a 90% minimum adherence.

Exclusions

- Fracture types:
  - Fresh fractures
  - Unstable
  - Greater than 10 millimeters fracture gap
  - Vertebra and skull
  - Pathological
- Treatment of multiple fractures (the guarantee is only valid to treat a defined fracture)
- Modified and/or altered devices
- Guarantee is void if alternative interventions occur during the 120 day treatment period
- EXOGEN must be purchased and received directly from Bioventus
- Customers who did not register to the EXOGEN Performance Program within the first 30 days of the initial treatment
- The EXOGEN Performance Program applies only to patients for whom the device was prescribed
- Other costs associated with the purchase (only the cost of the EXOGEN device will be refunded)
- Valid only in The United Kingdom and Ireland

Summary of Indications for Use: EXOGEN is indicated for the non-invasive treatment of osseous defects (excluding vertebra and skull) that includes the treatment of delayed unions, nonunions†, stress fractures and joint fusion. EXOGEN is also indicated for the acceleration of fresh fracture heal time, repair following osteotomy, repair in bone transport procedures and repair in distraction osteogenesis procedures.

† A nonunion is considered to be established when the fracture site shows no visibly progressive signs of healing.

There are no known contraindications for the EXOGEN device. Safety and effectiveness have not been established for individuals lacking skeletal maturity, pregnant or nursing women, patients with cardiac pacemakers, on fractures due to bone cancer, or on patients with poor blood circulation or clotting problems. Some patients may be sensitive to the ultrasound gel.

Full prescribing information can be found in product labeling, at **exogen.com**.

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