EXOGEN® NO SUBSTITUTIONS | Certificate of Medical Necessity

Please fax completed form to Bioventus at 1-866-739-6436 Telephone 1-855-771-0606

Patient Information:

First name	Last name			DOB: (mm/dd/yyyy)
Daytime phone	Alternate phone number			
Prescribing Physic	cian:			
First name	Last name			Specialty
Phone office	City Prov	/ince	Postal code	
Fracture type:				
Diagnosis			Date of injury: (mm/dd/yyyy)	Date of X-Rays: (mm/dd/yyyy)
Acute	Non-union		No clinically significant evic of X-Ray listed above	lence of healing between dates
Surgery performed	Fixation			
Risk factors:				
Osteoporosis	Obesity		Smoker	
Diabetes	Other			
Additional Comr	nents:			
			Dispense as written. EXOGEN Ultrasound Bone Healing System is low intensity pulsed noninvasive ultrasound therapy used for 20 minutes a day. This therapy is medically necessary. This ultrasound fracture healing system has high patient treatment compliance ¹ and high healing success rates, which allows for maximum effectiveness in healing the patient.	
			The above information is accurately patient's medical records.	ate and substantiated in the
Physician signature	Date: (mm/dd/yyyy)		 Schofer M, Block JE, Algner J, response in delayed unions of pulsed ultrasound: results of a trial. BMC Musculoskeletal Dis 	the tibia with low-intensity randomized shamcontrolled

