

EXOGEN serial number _____

Patient Information

Name _____

Address _____

City _____

Postal code _____

Province/Region _____

Country _____

Telephone _____

Email address _____

Defined fracture to treat _____



Prescribing Physician Information

Name _____

Address _____

City _____

Postal code _____

Province/Region _____

Country _____

Telephone _____

Email address _____

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

Physician signature _____ Date _____

PERFORMANCE GUARANTEE

The EXOGEN Performance Guarantee 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.

Criteria

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

Exclusions

- Fracture types:
 - Fresh fractures
 - Unstable
 - Displaced
 - 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 Guarantee Program within the first 30 days of the initial treatment
- The EXOGEN Performance Guarantee 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 UK 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, non-unions[†], 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 non-union 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 www.exogen.com.

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