## Clinician Locator Application Form



### **Database Criteria**

By signing below, the healthcare professional or healthcare facility, certifies that it meets all of the following criteria for inclusion in the Clinician Locator Database:

- Registered healthcare professional (eg, Orthopaedics, Rheumatology, Pain Medicine, Specialized Podiatry, General Practitioner, or Physiotherapy) or healthcare facility in good standing;
- Healthcare professional or, in the case of healthcare facility, staff of healthcare professionals, with ability to prescribe DUROLANE under applicable laws and regulations;
- Experience with joint injections; and
- Capable of informing and advising potential patients concerning the risks and benefits of multiple osteoarthritis treatment options, including DUROLANE.

### Database Terms

Spaciality

By signing below, the healthcare professional or healthcare facility accepts the following terms of the Clinician Locator Database:

- Bioventus will add the provided contact details to the website offering the Clinician Locator service, to allow visitors of the website to generate a list of healthcare professionals based solely on proximity, by means of a search tool.
- Through the Clinician Locator, Bioventus will share with each requester the contact information provided on this form for relevant providers.
- Bioventus may remove a healthcare professional or healthcare facility from the Clinician Locator Database in the event Bioventus determines that such healthcare professional or healthcare facility no longer meets the Database Criteria.

Bioventus reserves the right to terminate or amend the terms of the Clinician Locator Database at any time without notice to the listed healthcare professional or healthcare facility.

Cc	onsent
	I hereby consent to Bioventus providing the information on this form to individuals interested in learning more about DUROLANE,
	and receiving further communications from Bioventus concerning DUROLANE (including electronic, phone, and mail).

beciality		
Please specify		
Rheumatology:	O Yes	ONo
Orthopaedics:	Yes	ONo
Sports Medicine:	O Yes	ONo
Other:		

Joints where the healthcare professional is able to provide injection treatment

Please specify					
Hip:	Yes	<b>O</b> No			
Knee:	O Yes	<b>O</b> No			
Foot & Ankle:	Yes	<b>O</b> No			
Hand & Wrist:	Yes	<b>O</b> No			
Shoulder:	Yes	<b>O</b> No			
Other:					

# Clinician Locator Application Form





Contact (Leave blank if yo	t Details ou do not want to have i	it shown on the Clinician Loc	ator website)		
O Mr.	O Mrs.	O Ms.			
Name:					
Practice ac	ddress 1				
Practic	e Name:				
Clinic (	Chain (if applica	ble):			
Street,	House Number	r:			
Countr	ry / City / Town:			Postal Code:	
Tel.:				Email Address:	
Websit	e:				
Practice ac	ddress 2 (optio	onal)			
Practic	e Name:				
Clinic (	Chain (if applica	ble):			
Street,	House Number	r:			
Countr	ry / City / Town:			Postal Code:	
Tel.:				Email Address:	
Websit	e:				
SIGNA	TURE			DATE	

#### Summary of Indications for Use

**DUROLANE (3ml):** Symptomatic treatment of mild to moderate knee or hip osteoarthritis. In addition, DUROLANE has been approved in the EU, U.A.E., Saudi Arabia, Jordan, Hong Kong, Russia, and Indonesia for the symptomatic treatment associated with mild to moderate osteoarthritis pain in the ankle, shoulder, elbow, wrist, fingers, and toes.

**DUROLANE SJ (1ml):** Symptomatic treatment associated with mild to moderate osteoarthritis pain in the ankle, elbow, wrist, fingers, and toes. Both DUROLANE and DUROLANE SJ are also indicated for pain following joint arthroscopy in the presence of osteoarthritis within 3 months of the procedure.

There are no known contraindications

You should not use DUROLANE if you have infections or skin disease at the injection site. DUROLANE has not been tested in pregnant or lactating women, or children.

Risks can include transient pain, swelling and/or stiffness at the injection site.

 $\label{lem:full prescribing information can be found in product labeling, or at www.durolane.com.$ 

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