

## HCP Meals Attendance Sheet

**Instructions:** All fields in this form are required. Page 2 provides you space to document names of non-prescribers. The completed form must be attached to the Concur Expense Report along with itemized receipts and names of ALL attendees.

**Event Date:** \_\_\_\_\_

**Total Number of Attendees:** \_\_\_\_\_

**Section 1: Product(s) Discussed**

- |                                      |                                   |                                     |                                     |  |
|--------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Bonescalpel | <input type="checkbox"/> Gelsyn-3 | <input type="checkbox"/> Signafuse  | <input type="checkbox"/> StimTrial  | <input type="checkbox"/> XCELL PRP             |
| <input type="checkbox"/> Durolane    | <input type="checkbox"/> Nexus    | <input type="checkbox"/> Sonastar   | <input type="checkbox"/> Supartz Fx | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Exogen      | <input type="checkbox"/> Osteoamp | <input type="checkbox"/> StimRouter | <input type="checkbox"/> TalisMann  |  |

**Section 2: Details**

Event Location (Business Name & Address): \_\_\_\_\_

Bioventus (BVS) Employees Attending (Number): \_\_\_\_\_

Non-prescribers Attending (Number not including BVS Employees): \_\_\_\_\_

**PRESCRIBER ATTENDEES**

	Last Name (Printed)	First Name (Printed)	Function/Title (Printed)	NPI # or License #	Opt-out (Initial)
1					
2					
3					
4					
5					

*If a prescriber attends the discussion, but does not partake in the food, the attendee should initial the "Opt-out" box. Bioventus employees are not allowed to initial on the attendee's behalf. For Sunshine Act reporting purposes, the meal cost will not be allocated to attendees that opt out of the meal.*

I certify that I was present at and conducted the HCP meal described above; and that the attendee information above is true and accurate to the best of my knowledge.

Employee Name (printed): \_\_\_\_\_  I did not partake in the food

Signature: \_\_\_\_\_

