

# CURAVISC® PRODUCT SAMPLE REQUEST FORM



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bioventus.com/curavisc

## PHYSICIAN INFORMATION

Date of Request:
Physician Name:
Professional Designation:

## ACCOUNT INFORMATION

Account Status: <input type="checkbox"/> New <input type="checkbox"/> Existing
Account Name:
Account Address:
Postcode:
Office Phone:
Quantity of Curavisc Evaluation Sample Requested: QTY* <input type="text"/> <span style="float: right;">*Maximum of 15 syringes</span>

## PHYSICIAN CERTIFICATION

<p>I verify that I have not purchased or used Curavisc within the last 365 days. I am requesting Curavisc Evaluation Samples to assess the appropriate use and functionality of Curavisc to determine whether and when to use, order, purchase, or recommend Curavisc in the future.</p> <p>My signature certifies my understanding that Bioventus will ship the Evaluation Samples marked "EVALUATION SAMPLE NOT FOR RESALE" directly to the address listed above and I agree that I:</p> <ul style="list-style-type: none"><li>(1) have received the Evaluation Sample at no cost;</li><li>(2) will not resell, trade or return for credit any Evaluation Sample; and</li><li>(3) will not bill the patient, any government programme, or commercial payer for the Evaluation Samples.</li></ul>	
Physician Signature (no stamps):	Date:
Sales Representative Name:	

For consideration, the completed form must be returned to Bioventus Customer Service via email (customer-care-international@bioventus.com).