

DUROLANE® PRODUCT SAMPLE REQUEST FORM



Bioventus Coöperatief U.A.
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The Netherlands

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DUROLANE.com

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 DUROLANE 3 mL Evaluation Sample Requested: QTY* <input type="text"/> <small>*Maximum of 3 syringes</small>

PHYSICIAN CERTIFICATION

<p>I verify that I have not purchased or used DUROLANE within the last 365 days. I am requesting DUROLANE Evaluation Samples to assess the appropriate use and functionality of DUROLANE to determine whether and when to use, order, purchase, or recommend DUROLANE 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">(1) have received the Evaluation Sample at no cost;(2) will not resell, trade or return for credit any Evaluation Sample; and(3) will not bill the patient, any government programme, or commercial payer for the Evaluation Samples.	
Physician Signature (no stamps):	Date:
Sales Representative Name:	

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