

Bioventus Prescriber Meal Attendance Sheet

Event Date: _____

Total Number of Attendees: _____

Product(s) Discussed:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> BITS | <input type="checkbox"/> L300 GO / L360 GO | <input type="checkbox"/> StimRouter |
| <input type="checkbox"/> BoneScalpel | <input type="checkbox"/> Nexus | <input type="checkbox"/> SupartzFx |
| <input type="checkbox"/> Durolane | <input type="checkbox"/> Osteoamp | <input type="checkbox"/> Theraskin |
| <input type="checkbox"/> Exogen | <input type="checkbox"/> Signafuse | <input type="checkbox"/> Vector |
| <input type="checkbox"/> Gelsyn 3 | <input type="checkbox"/> SonicOne | <input type="checkbox"/> Other (<i>specify</i>): _____ |

Event Location (Business Name & Address): _____

Bioventus Employees Attending (Number): _____

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

PRESCRIBERS ATTENDING

| | 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: _____

This completed form must be attached to the Concur Expense Report along with itemized receipts and names of ALL attendees.