

PATIENT ORDERING GUIDE

To obtain an OrthoCor Active System please follow the steps below:

- 1 Print out this entire patient guide, which includes:
 - a. OrthoCor Active System Physician Written Order Form
 - b. Frequently Asked Questions (FAQs)
 - c. OrthoCor Patient Brochure
 - d. OrthoCor Patient Care Guide

- 2 Complete the patient portion of the Physician Written Order Form with your contact info.

- 3 Schedule an appointment with your doctor or orthopedist.

- 4 Bring all the documents to the appointment to discuss with your doctor.

- 5 Have the receptionist at the clinic fill out the clinic portion of the Physician Written Order Form.

- 6 Once approved, your doctor must fill out the medical necessity portion of the Physician Written Order Form. All medical necessity portions must be signed by your doctor to be valid AND clinical notes must be attached to the form.

- 7 Send the Physician Written Order Form and clinical notes to OrthoCor Medical via mail or fax:

FAX: 1-855-424-3249

Email: save@dsmhi.com

- 8 Upon receipt of the documents, OrthoCor will process the order. You should then expect a call from our insurance partner, who will explain your coverage benefits and fulfill your order.



ORTHOCOR ACTIVE SYSTEM – PHYSICIAN WRITTEN ORDER

Please provide the information requested below and complete the form in full.

Patient & Clinic Information

PATIENT DOB _____ / _____ / _____ Sex _____ (M/F)
 PATIENT NAME _____
 ADDRESS _____
 CITY _____
 STATE _____ ZIP _____
 MOBILE PHONE (_____) _____ - _____
 PHONE (_____) _____ - _____
 INSURANCE WORKER'S COMPENSATION
 DATE OF INJURY: _____ / _____ / _____
 INSURANCE _____
 INSURANCE POLICY ID/CLAIM # _____
 GROUP # _____
 INSURANCE PHONE (_____) _____ - _____

PHYSICIAN NAME _____
 FACILITY NAME _____
 FACILITY ADDRESS _____
 CITY _____
 STATE _____ ZIP _____
 PHONE (_____) _____ - _____
 FAX (_____) _____ - _____
 NPI # _____
 OFFICE CONTACT _____

PLEASE FAX OR E-MAIL COMPLETED FORM TO ORTHOCOR MEDICAL
Fax: (855)-424-3249 Email: save@dsmhi.com
 FOR INQUIRIES, PLEASE CALL:
DS Medical: 248-685-8155 OrthoCor Medical: 877-678-7354

Please Complete All Appropriate Boxes

INITIAL ORDER (CHECK 2) ACTIVE SYSTEM - E0761:
 1.) LENGTH OF NEED: 99 99=Lifetime IF OTHER PLEASE SPECIFY _____
 2.) ACTIVE SYSTEM: QUANTITY OF 1/999 OTHER QUANTITY: _____/999

CONTINUOUS NEED (CHECK 2) ORTHOPODS – A4595:
 1.) LENGTH OF NEED: 99 99=Lifetime IF OTHER PLEASE SPECIFY _____
 2.) ORTHOPODS: QUANTITY OF 30 PER MONTH OTHER QUANTITY: _____/PER MONTH

SIZE: MEASURE DISTANCE AROUND CENTER

KNEE		BACK		ANKLE			WRIST		
<input type="checkbox"/> S/M: 16-18"	<input type="checkbox"/> L: 18-20"	<input type="checkbox"/> S/M: 24-36"	<input type="checkbox"/> L: 36-50"	<input type="checkbox"/> S: 7.5-9"	<input type="checkbox"/> M: 9-10.5"	<input type="checkbox"/> L: 10.5-12"	<input type="checkbox"/> S: 5-7"	<input type="checkbox"/> M: 7-9"	<input type="checkbox"/> L: 9-11"

DIAGNOSIS CODES (ICD-10):

<input type="checkbox"/> (M17.10) Osteoarthritis	<input type="checkbox"/> (M22.40) Chondromalacia Patella	<input type="checkbox"/> (M54.5) Lumbar Pain
<input type="checkbox"/> (M65.9) Synovitis and Tenosynovitis	<input type="checkbox"/> (M25.469) Joint Effusion Lower Leg	<input type="checkbox"/> (M54.12) Radiculopathy
<input type="checkbox"/> (M06.9) Rheumatoid Arthritis	<input type="checkbox"/> (M25.569) Joint Pain Lower Leg	<input type="checkbox"/> (M25.53) Pain in Wrist
<input type="checkbox"/> (S92) Fracture of Foot/Toe	<input type="checkbox"/> Tarsal Tunnel Syndrome	<input type="checkbox"/> (M19.14, 19.13) Post-Traum Osteoarthritis hand/wrist
Other _____, _____, _____		

THE FOLLOWING TREATMENTS HAVE NOT BEEN SUCCESSFUL FOR THIS PATIENT:

<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Viscosupplementation Injections	<input type="checkbox"/> OA (unloader) Bracing
<input type="checkbox"/> Drug Therapy(ies)	<input type="checkbox"/> Cortisone Injections	<input type="checkbox"/> Other _____

I certify that I am the physician identified in this form. I have reviewed all sections of the physician's written order. Any statement on my letterhead attached hereto has been reviewed and signed by me. I certify that the medical necessity information is true, accurate and complete to the best of my knowledge. I certify that the patient/caregiver is capable and has successfully completed training in utilizing the products prescribed in this written order. The patient's record contains supporting documentation which substantiates the utilization and medical necessity of the products listed and physician notes will be provided to an authorized distributor upon request. I understand any falsification, omission or concealment of material fact may subject me to civil or criminal liability. A copy of this order will be retained as part of the patient's medical record. By faxing this form you are acknowledging that the patient is aware that a representative from the authorized distributor may be contacting them for any additional information to process this order.

PHYSICIAN'S SIGNATURE: _____ DATE _____ / _____ / _____
 signature and date stamps are not acceptable

PHYSICIAN'S PRINTED NAME: _____
 *Please attach any clinical notes to expedite this request.

SALES AGENCY: DS MEDICAL HOLDINGS, INC SALES REP: DAVID A BANDYK / PRESIDENT

Medical Necessity

FREQUENTLY ASKED QUESTIONS

Q: What is the cost of the OrthoCor Active System?

A: Pricing varies depending on the treatment and coverage. Please contact OrthoCor Medical at 877-678-RELIEF (7354) for pricing.

Q: Is the OrthoCor Active System FDA approved?

A: The OrthoCor Active System is FDA cleared for adjunctive use in the palliative treatment of post-operative pain and edema in superficial soft-tissue. It is also used to treat patients with muscle and joint aches and pain associated with overexertion, strains, sprains, and arthritis.

Q: How can I obtain the OrthoCor Active System?

A: The OrthoCor Active System may be purchased through your workers comp physician, or directly from OrthoCor with a prescription.

Q: What type of pain does the OrthoCor Active System treat?

A: The following conditions have been successfully treated using the OrthoCor Active System: post-operative pain, chronic pain, arthritis, swelling, strains and sprains.

Q: How does PEMF work to reduce the pain and edema?

A: PEMF is a low-level, time varying electromagnetic field that has been proven to effectively reduce pain and edema (swelling) in superficial soft tissue. PEMF helps to activate the body's natural anti-inflammatory and recovery response.

Q: Is the device covered by insurance?

A: OrthoCor has national coverage with workers' compensation insurers. The OrthoCor Active System is also eligible for Flex & HSA. Please contact us at 877-678-RELIEF (7354) with additional questions.

Q: What are OrthoPods?

A: OrthoPods are single-use treatment packets that activate the PEMF therapy. Each OrthoCor Active System comes with a 15- treatment supply of OrthoPods.

Q: Are there different sizes?

A: Yes there are different sizes for each OrthoCor Active System product. You will need to provide measurements to get the right fit.

FREQUENTLY ASKED QUESTIONS

Q: How do I determine my size?

A: Please refer to the sizing chart attached in the Patient Guide.

Q: Why do patients need a prescription to purchase the OrthoCor Active System?

A: The OrthoCor Active System is a Class III medical device and per FDA regulations, it must be sold by or on the order of a licensed health care practitioner.

Q: Does the OrthoCor Active System use batteries?

A: The OrthoCor Active System uses a rechargeable battery and comes with an adapter to recharge it.

Q: How long does the therapy last?

A: Each therapy session lasts 2 hours. The device will automatically shut off after the 2-hour therapy has completed.

Q: Can I try it before I buy it?

A: OrthoCor Medical does not offer trials.

Q: What is the warranty?

A: The OrthoCor Active System has a one-year manufacturer's warranty on any defects.

Q: What is the return policy?

A: OrthoCor does not accept returns nor offer refunds for purchased products. However, the OrthoCor Active System has a one-year limited warranty for manufacturing defects.

Q: What are the indications for use?

A: The OrthoCor Active System is indicated for adjunctive use in the palliative treatment of post-operative pain and edema in superficial soft tissue. It is also used to treat patients with minor muscle and joint aches and pain associated with overexertion, strains, sprains, and arthritis.

Q: How do I find out information about ordering?

A: Please email care@orthocormedical.com or call 877.678.RELIEF (7354) for information regarding your order.

SIZING

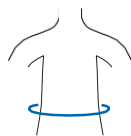
Active Knee System

SMALL/MEDIUM 16-18"	LARGE 18-20"
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Active Back System

SMALL/MEDIUM 24-36"	LARGE 36-50"
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Active Ankle System

MEDIUM 7.5-10.5"	LARGE 10.5-14"
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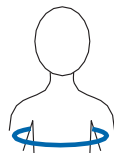
Active Wrist System

SMALL 5-7.5"	MEDIUM 7.5-10.5"
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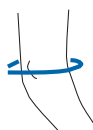
Active Shoulder System

ONE SIZE fits ALL



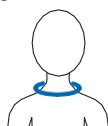
Active Elbow System

ONE SIZE fits ALL



Active Cervical System

ONE SIZE fits ALL



MEASURE the DISTANCE
AROUND the CENTER of
the tREATMENT AREA

Indications for use

- The OrthoCor Active System is indicated for adjunctive use in the palliative treatment of post-operative pain and edema in superficial soft tissue.
- Temporarily relieves minor muscle and joint aches and pain associated with overexertion, strains, sprains, and arthritis.

Contraindications

- Do not use on patients with a cardiac pacemaker, cardioverter defibrillator, neurostimulator, infusion pump or any active medical implant.
- Do not use on patients who have ANY implanted metallic lead or any type of wire coil implant, or any implanted system that may contain a lead.
- Do not use on patients who are or may be pregnant.
- Do not use on patients with an open wound at the area of application.
- Do not use on patients not fully aware to the sensation of heat.
- Do not use on patients with poor circulation or heart disease.
- Do not use on patients with diabetes.
- Do not use on patients under the age of 18 or individuals with open bone growth plates.

Cautions

- Use this device only in the prescribed manner and for the prescribed diagnosis.
- **KEEP AWAY FROM WATER.** Use in dry environment.
- The device is not indicated for treatment of deep tissue such as internal organs.
- Do not use while the OrthoCor Active System is charging.
- Do not machine wash the OrthoCor Active System.
- Do not crush the OrthoSource or the OrthoCuff as this may damage the electronics.
- Do not reuse the OrthoPods.
- Removing the OrthoPods will stop the treatment.
- The AC adapter must be disconnected from the OrthoSource for treatment to occur.
- Keep out of reach of children.
- For external use only.
- **NEVER** heat the OrthoCor Active System or OrthoPods in the microwave as the system could catch on fire.

Warnings

- Do not open or puncture the OrthoPods.
- **THIS PRODUCT CAN CAUSE BURNS AND SKIN IRRITATION.** Your risk of burning increases as you age. Check skin frequently during use for signs of skin irritation or burns.
- Do not ingest the contents of the OrthoPods. **IMMEDIATELY CALL** the nearest Poison Control Center if OrthoPods' contents are ingested.
- Do not use with other forms of heat. This may cause burns.
- Use carefully. Remove immediately if the joint becomes too hot or discomfort occurs.
- Precaution should be taken when using this device on the elderly or incapacitated persons. The unattended use of OrthoPods by these patients may be dangerous.
- **DO NOT USE WITH PAIN RUBS, MEDICATED LOTIONS, CREAMS OR OINTMENTS.**
- Precaution should be taken prior to using this device on patients with neoprene allergies.
- This device should be used under the continued supervision of a licensed health care practitioner.
- Do not apply the OrthoPods directly to bare skin as it may cause burns.
- Do not over-tighten the OrthoCuff as this may restrict blood flow and result in injury.
- Equipment is not suitable for use in the presence of a flammable anesthetic mixture with air or with oxygen or nitrous oxide or oxygen enriched atmospheres.
- Do not let the contents of the OrthoPods make direct contact with your mouth or eyes. Immediately and thoroughly rinse with clean water, if contact with OrthoPods' contents occurs.
- Precaution should be taken when using this device on patients with sensitive skin. If the patient experiences skin irritation, discontinue the use