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:

   - **MAIL**
     OrthoCor Medical Inc.
     ATTN: Orders
     1251 Red Fox Road.
     Arden Hills, MN 55112

   - **FAX**
     (888) 314-8870

   - **EMAIL**
     orders@orthocormedical.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.

To maximize your coverage benefits, please ensure that all information is complete and accurate.

For questions about your order, please email care@orthocormedical.com or call 877.678.RELIEF (7354).
Please provide the information requested below and complete the form in full.

**Patient & Clinic Information**

<table>
<thead>
<tr>
<th>PATIENT DOB / / /</th>
<th>Sex (M/F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT NAME</td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>STATE ZIP</td>
<td></td>
</tr>
<tr>
<td>MOBILE PHONE</td>
<td></td>
</tr>
<tr>
<td>PHONE</td>
<td></td>
</tr>
<tr>
<td>FAX</td>
<td></td>
</tr>
</tbody>
</table>

☐ INSURANCE ☐ WORKER'S COMPENSATION

DATE OF INJURY: / / /

INSURANCE POLICY ID/CLAIM #

GROUP #

INSURANCE PHONE ( ) - - - -

Please Complete All Appropriate Boxes

**INITIAL ORDER (CHECK 2)**

ACTIVE SYSTEM - E0761:

1.) ☐ LENGTH OF NEED: 99 =Lifetime ☐ IF OTHER PLEASE SPECIFY

2.) ☐ ACTIVE SYSTEM: QUANTITY OF 1/999 ☐ OTHER QUANTITY: __________ /999

**CONTINUOUS NEED (CHECK 2)**

ORTHOPEDS – A4595:

1.) ☐ LENGTH OF NEED: 99 =Lifetime ☐ IF OTHER PLEASE SPECIFY

2.) ☐ ORTHOPEDS: QUANTITY OF 30 PER MONTH ☐ OTHER QUANTITY: __________/PER MONTH

**SIZE:** MEASURE DISTANCE AROUND CENTER

<table>
<thead>
<tr>
<th>KNEE</th>
<th>BACK</th>
<th>ANKLE</th>
<th>WRIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>DS/M: 16-18&quot;</td>
<td>DL: 18-20&quot;</td>
<td>S: 7.5-9&quot;</td>
<td>M: 10.5-12&quot;</td>
</tr>
<tr>
<td>L: 36-50&quot;</td>
<td>M: 9-10.5&quot;</td>
<td>S: 5-7&quot;</td>
<td>M: 7-9&quot;</td>
</tr>
<tr>
<td>L: 9-11&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DIAGNOSIS CODES (ICD-10):**

☐ (M17.10) Osteoarthritis | ☐ (M22.40) Chondromalacia Patella | ☐ (M54.5) Lumbar Pain

☐ (M65.9) Synovitis and Tenosynovitis | ☐ (M25.469) Joint Effusion Lower Leg | ☐ (M54.12) Radiculopathy

☐ (M06.9) Rheumatoid Arthritis | ☐ (M25.569) Joint Pain Lower Leg | ☐ (M25.53) Pain in Wrist

☐ (S92) Fracture of Foot/Toe | ☐ Tarsal Tunnel Syndrome | ☐ (M19.14, 19.13) Post-Traum Osteoarthritis hand/wrist

☐ Other , , ,

**THE FOLLOWING TREATMENTS HAVE NOT BEEN SUCCESSFUL FOR THIS PATIENT:**

☐ Physical Therapy ☐ Viscosupplementation Injections ☐ OA (unloader) Bracing

☐ Drug Therapy(ies) ☐ Cortisone Injections ☐ 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 hereeto 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: 

signature and date stamps are not acceptable

DATE / / /

**PHYSICIAN’S PRINTED NAME:**

*Please attach any clinical notes to expedite this request.

**SALES AGENCY:** ____________________ SALES REP: ____________________
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

<table>
<thead>
<tr>
<th>SMALL/MEDIUM</th>
<th>LARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-18&quot;</td>
<td>18-20&quot;</td>
</tr>
</tbody>
</table>

Active Back System

<table>
<thead>
<tr>
<th>SMALL/MEDIUM</th>
<th>LARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-36&quot;</td>
<td>36-50&quot;</td>
</tr>
</tbody>
</table>

Active Ankle System

<table>
<thead>
<tr>
<th>MEDIUM</th>
<th>LARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.5-10.5&quot;</td>
<td>10.5-14&quot;</td>
</tr>
</tbody>
</table>

Active Wrist System

<table>
<thead>
<tr>
<th>SMALL</th>
<th>MEDIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-7.5&quot;</td>
<td>7.5-10.5&quot;</td>
</tr>
</tbody>
</table>

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

part # 1726-001 Rev. A
INSURANCE COVERAGE

OrthoCor has national coverage with workers’ compensation insurance.

Ask your doctor about the OrthoCor Active System.

QUESTIONS?

For more info visit www.orthocormedical.com

The Active System requires a prescription.

CLINICAL STUDIES


Mr. Borges, Miami, Florida
Retired Lieutenant Firefighter
The OrthoCor Active System is the only wearable device on the market with patented Pulsed Electromagnetic Field (PEMF) therapy, one of the most advanced restorative therapies available today.

**POWERED BY PEMF**

PEMF has treated these conditions successfully:
- ✓ Chronic Pain
- ✓ Swelling
- ✓ Post-operative Pain

**INSIDE THE ACTIVE SYSTEM**

Inside every Active System is the OrthoCor, a powerful microchip that delivers PEMF directly into your pain site. PEMF works at the cellular level, and has been shown to stimulate the production of nitric oxide, a process fundamental to healing in living tissue.

**CLINICALLY PROVEN RESULTS**

- ✓ 60% reduction in chronic knee pain¹
- ✓ 55% reduction in pain medication use²
- ✓ 7x faster reduction in acute injury induced edema (swelling)³

**THE PAIN RELIEF YOU NEED**

OrthoCor’s specialized PEMF therapy is clinically proven to provide lasting relief without the use of pills or invasive procedures. PEMF works at the source of injuries, and helps accelerate your body’s natural anti-inflammatory and recovery responses.

**BENEFITS**

- ✓ Drug-free pain relief
- ✓ Wearable design for therapy on the go
- ✓ Noninvasive and easy-to-use
- ✓ Helps return you to an active lifestyle

PEMF has treated these conditions successfully:
- Chronic Pain
- Swelling
- Post-operative Pain

**BENEFITS**

- Drug-free pain relief
- Wearable design for therapy on the go
- Noninvasive and easy-to-use
- Helps return you to an active lifestyle

**OrthoSource**
Rechargeable OrthoCor microchip with 2-hour, automatic shutoff

**OrthoCuff**
Bilateral, fully adjustable design for ultimate fit and mobility

**OrthoPods**
Patented, penetrating PEMF therapy for maximum results

**OrthoDock**
Low profile design that docks the OrthoPod

**Treating your pain sites**
- back
- knee
- shoulder
- ankle
- wrist
- elbow
- cervical

**www.orthocormedical.com**
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 of the device and consult your licensed health care practitioner before using the OrthoCor Active System again.