

☐ CervicalStim™ Osteogenesis Stimulator (E0748)

☐ SpinalStim™ Osteogenesis Stimulator (E0748)

## Acknowledgement/Consent to Treat/Assignment of Benefits/Financial Responsibility

**Customer acknowledges receipt / proof of delivery of the following:** I confirm that on this day I received from ORTHOFIX US LLC ("Orthofix") the equipment and services listed. I also have been provided the following: (1) information and instruction regarding proper use and care of the equipment, (2) Medicare Supplier Standards, (3) Patient Bill of Rights, (4) basic home safety instruction and troubleshooting procedures as it relates to use, care, and maintenance of equipment provided, (5) Orthofix Notice of Privacy Practices, and (6) information on how to contact Orthofix Patient Service for information, questions and/or complaints, and (7) Product Warranty.

**Consent for treatment:** I consent to receiving Orthofix products and services and accept delivery of the equipment from Orthofix. I understand and acknowledge that (1) my care is under the supervision and control of my attending physician; (2) my physician has prescribed the equipment and services noted as part of my treatment and has explained to me its risks, advantages, possible complications and alternatives, and why it is considered necessary treatment for my condition; (3) Orthofix's services do not include diagnostic, prescriptive or other functions pertaining to licensed physicians; and (4) my physician is solely responsible for diagnosing and prescribing drugs, equipment and therapy for my condition and otherwise supervising and controlling my medical condition. I further understand I may refuse to accept delivery of the equipment, (5) the equipment is for single patient use and resale is prohibited, and (6) the device and its accessories (including the Orthofix STIM onTrack™ Mobile App) have the capability to provide your compliance data and other information Customer may input. This information may be used by Orthofix, its representatives and your health care provider for evaluation. No patient identifiable information from the STIM onTrack Mobile App will be shared with Orthofix or its representatives, however, you may elect to download and share your information with your attending physician or for your own personal use.

**Assignment of Benefits, Consent to Bill and Release of Medical Information:** I consent to billing by Orthofix and request that the payment of authorized Medicare, Medicaid and /or other third party insurance benefits, including supplemental, co-insurance and Medigap policies, be made on my behalf directly to Orthofix for any products sold to me by Orthofix under this Agreement. I agree to provide all documents and information necessary for Orthofix to obtain direct payment from Medicare, Medicaid or other third party payers and hereby authorize the release of my medical information to determine and obtain insurance benefits for products and services provided to me by Orthofix. I hereby authorize the release of my medical information to any physician, hospital, home care agency or laboratory involved in my care. I agree to transfer immediately to Orthofix any payments made directly to me for products and/or services provided by Orthofix. I authorize Orthofix to appeal denied insurance authorizations and/or benefits on my behalf.

For Medicare patients: I understand I have the option to rent or purchase this equipment. I also understand it is the policy of Orthofix to provide this item for purchase only and I elect to purchase this equipment from Orthofix.

**Financial Responsibility:** I understand and agree that: (1) I am financially responsible to Orthofix, my insurance plan, or my insurance plan's administrator, for any amounts that are not covered by my insurance plan or amounts that I am responsible for under my insurance plan, including but not limited co-payments, supplemental or coinsurance payments; (2) the actual amount I will owe depends on the terms of my insurance plan, whether my deductible has been reached and whether I have secondary insurance coverage such as Medigap. Medicare fee-for-service patients are financially responsible for up to twenty percent (20%) of the Medicare payment rate for covered Orthofix Products (this estimated amount ranges from approximately \$880 to \$1035, depending on location); (3) if I have supplemental insurance, the supplemental insurance plan may cover my coinsurance obligation in whole or in part; (4) if I am unable to pay the full amount, Orthofix will work with me, to the extent practicable, to establish a mutually-agreeable and reasonable repayment plan that fits within my budget; (5) Orthofix may reduce or waive coinsurance obligations if I submit a Financial Hardship Application and it is determined by Orthofix that I qualify for financial assistance under Orthofix's Financial Hardship Policy; (6) any attempt to alter the terms and conditions contained in this document shall not negate my financial responsibility to Orthofix; and (7) my health insurance plan may not pay for all care or services even if my health care provider determines that such care or services is medically necessary.

If I am receiving care in connection with an accident for which I am involved in litigation, and the costs of my medical treatment and supplies are not initially being billed to or covered by my or another party's health insurance plan, I hereby authorize and direct my attorney to deduct and pay over to Orthofix sufficient proceeds of any settlement or judgment that may become payable by reason of my claim, suit or settlement thereof, to pay for medical services or equipment provided by and obtained from Orthofix. I authorize Orthofix to provide a copy of this form to my attorney in order to collect such proceeds.

In the event my insurance plan does not cover the Product, I understand that I am responsible for and agree to pay to Orthofix any portion of the amount due for such Product(s) not paid for by my insurance plan, whether resulting from deductibles, co-payments, determination of non-coverage, experimental or otherwise. If Orthofix has determined that you may be responsible for the cost of the device in addition to your copayment or deductible, you will receive a separate notice.

**Modification/Waiver:** No modification to, or waiver of, any terms contained in this document shall be deemed effective unless in writing and signed by an authorized Orthofix executive. The Orthofix representative completing this document and delivering the equipment and services hereunder does not have the authority to modify or waive any of the terms contained in this document.

Received by Patient/Agent (to be completed by patient)	
Signature of Patient or Agent	
Agent Relationship	
Date Product Received     /     /	
Emergency Contact Name	
Emergency Contact Number (     )     -	
<input type="checkbox"/> Patient Declined <i>Initial</i>	

Completed by Orthofix Representative Prior To or At Time of Delivery	
Patient Name (please print)	
Orthofix Account Number	
Delivered By (signature)	
Delivery Agent Name (please print)	
Delivery Address (required)	
<input type="checkbox"/> Patient fit within 48 hrs of discharge from Part A facility	

Apply Serial Number Here
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ORTHOFIX US LLC  
3451 Plano Pkwy  
Lewisville, TX 75066  
NPI 1235136060

Orthofix Patient Services  
Call: 800-535-4492

MM-BS-10124018 REV AA 2025-05-09  
© Orthofix US LLC 05/2025

Orthofix Copy



### ***MEDICARE DMEPOS SUPPLIER STANDARDS***

The products and/or services provided to you by Orthofix, are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57 (c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.

### ***FEDERAL AGENCY CONTACT INFORMATION***

If you have any questions, concerns or complaints regarding items or services provided by Orthofix, please contact the Orthofix Patient Services Department at 1-800-535-4492, or visit our website: [www.orthofix.com](http://www.orthofix.com). You may also call Medicare toll free at 866-633-4227. The Accreditation Commission for Health Care can be reached at 919-785-1214.

#### **FLORIDA RESIDENTS:**

To report a complaint regarding the services you received, please contact AHCA toll free at 888-419-3456.

To report suspected Medicaid Fraud, call AHCA toll free at 866-966-7226.

To report abuse, neglect or exploitation, please call 1-800-96-ELDER.

### ***ORTHOFIX COMPLAINTS AND GRIEVANCES***

Orthofix considers all patient complaints to be very important. In order to timely meet patient needs, Orthofix provides a dedicated Patient Services Department which can be reached at 1-800-535-4492.

#### **Orthofix Complaint Process:**

1. Within five (5) calendar days of receiving a beneficiary's complaint, Orthofix will notify the beneficiary, using either oral, telephone, e-mail, fax, or letter format, that it has received the complaint and that it is investigating.
2. Within 14 calendar days of receiving the complaint, Orthofix will provide written notification to the beneficiary of the results of the investigation. Orthofix will document all complaints received including investigation notes and responses to beneficiaries.



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Received by Patient/Agent	
(to be completed by patient)	
Signature of Patient or Agent	
Agent Relationship	
Date Product Received	____ / ____ / ____
Emergency Contact Name	
Emergency Contact Number ( ) -	
Initial <input type="checkbox"/> Patient Declined	

Completed by Orthofix Representative	
Prior To or At Time of Delivery	
Patient Name (please print)	
Orthofix Account Number	
Delivered By (signature)	
Delivery Agent Name (please print)	
Delivery Address (required)	
<input type="checkbox"/> Patient fit within 48 hrs of discharge from Part A facility	

Apply Serial Number Here
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ORTHOFIX US LLC  
3451 Plano Pkwy  
Lewisville, TX 75056  
NPI 1235136060

Orthofix Patient Services  
Call: 800-535-4492

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Patient Copy



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# Notice of Privacy Practices

## THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Orthofix is committed to protecting the privacy and security of our customers' data. To that end, we operate in compliance with all applicable privacy and data protection laws, including the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 ("HITECH") and implementing regulations ("HIPAA"). Orthofix is required by law to maintain the privacy of your protected health information, to provide you with a notice of our legal duties and privacy practices with respect to protected health information, and to notify you if there is a breach of your unsecured protected health information. Orthofix takes the confidentiality of your health information seriously. In providing our products and services ("Services"), some of the information that we collect may constitute protected health information ("PHI") under HIPAA. PHI is personal (individually identifiable) information about you, including basic demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

This Notice of Privacy Practices ("Notice") describes how we protect the privacy of your PHI as a user of our Services. Orthofix may use and disclose your protected health information to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to your PHI.

Orthofix is required to follow the terms of this Notice of Privacy Practices. Orthofix will not use or disclose your protected health information without your written permission, except as described in this Notice. Orthofix reserves the right to change our practices and this Notice and to make any new Notice effective for all protected health information we maintain. Upon your request, Orthofix will provide you with a revised Notice.

### Examples of How Orthofix May Use and Disclose Protected Health Information About You

When you use our Services, Orthofix may use your PHI for the purposes described below. These uses and disclosures do not require your prior authorization. You may revoke your authorization for us to use or share your health information at any time, except for uses or disclosures we have already made - but doing so may require that you terminate your use of our Services. Orthofix may use and disclose your health information for the following purposes:

**Treatment:** Orthofix may use your health information to provide and coordinate the treatment, products and services you receive. For example, information obtained by an Orthofix representative will be recorded in your record and used to determine suitability for the product, fitting and to provide instruction regarding appropriate use of the product.

**Payment:** Orthofix may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, Orthofix will submit a claim to you or your health plan/insurer that includes information that identifies you, as well as your diagnosis, and product supplied.

**Health Care Operations:** Orthofix may use information in your health record for operational purposes. For example, Orthofix may use your information to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the products and services we provide.

**Business Associates:** From time to time, Orthofix may work with other companies and individuals who help us deliver our services, known as "business associates." These entities are required to keep any PHI confidential and store it securely. For example, we may use business associates to help store the data that we collect.

**De-identifiable and Aggregated Data:** Orthofix may use and disclose your PHI in a de-identifiable and aggregated manner to analyze our users' experiences and help improve our services.

**To Communicate with Individuals Involved in Your Care Or Payment for Your Care:** Orthofix may disclose to a family member, other relative, close personal friend or any other person you identify, PHI directly relevant to that person's involvement in your care or payment related to your care.

**U.S. Food and Drug Administration (FDA):** As required by federal law, Orthofix may disclose PHI to the FDA to report adverse events regarding our devices, device defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker's Compensation:** Orthofix may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Public Health and Safety:** As required by law, Orthofix may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement:** Orthofix may disclose your PHI for law enforcement purposes as required by law or in response to a valid subpoena or court order.

**As Required by Law:** Orthofix will disclose your PHI when required to do so by federal, state, or local law.

**Health Oversight Activities:** Orthofix may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings:** If you are involved in a lawsuit or a dispute, Orthofix may disclose your PHI in response to a court or administrative order. Orthofix may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by us or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

**Research:** Orthofix may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Patient Copy



**Coroners, Medical Examiners, and Funeral Directors:** Orthofix may release your PHI to a coroner or medical examiner. This may be necessary, for example, to positively identify a deceased person or determine the cause of death. Orthofix may also disclose PHI to funeral directors in accordance with applicable law to enable them to carry out their duties.

**Organ or Tissue Procurement Organizations:** Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Notification:** Orthofix may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.

**Correctional Institution:** If you are or become an inmate of a correctional institution, Orthofix may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.

**To Avert a Serious Threat to Health or Safety:** Orthofix may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and Veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. Orthofix may also release PHI about foreign military personnel to the appropriate foreign military authority.

**National Security, Intelligence Activities and Protective Services:** Orthofix may release PHI about you to authorized federal officials for intelligence, counterintelligence, for protection of the President and other national security activities authorized by law.

**Victims of Abuse or Neglect:** Orthofix may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. Orthofix will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and Orthofix believe it is necessary to prevent serious harm to you or someone else.

#### **Other Uses and Disclosures of PHI**

Orthofix will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above (or as otherwise permitted or required by law). Specifically, the following uses and disclosures will be made only with your authorization: (i) most uses and disclosures of PHI for marketing purposes including subsidized treatment communications; and (ii) disclosures that constitute a sale of PHI. You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

**NOTE REGARDING STATE LAW:** Where state law is more restrictive of disclosure than federal law, we will follow the more restrictive state law regarding the protection of your information.

#### **Your Health Information Rights**

You have the following rights with respect to your protected health information (PHI):

- Obtain a paper copy of the Notice of Privacy Practices at the address below.
- Request a restriction on our use and disclosure of your information for treatment, payment, health care operations and to others involved in your treatment or payment for treatment. However, we are not required to agree to your request unless (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (b) the PHI is related solely to disclosures made to a health plan and you have paid for services out of pocket and in full. Your request must be made in writing, and the request should identify (i) the information to be restricted; (ii) the type of restriction being requested (i.e., the use of information, the disclosure of information, or both); and (iii) to whom the limits should apply.
- Inspect and obtain a copy of your information that we maintain. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.
- Amend your medical information. If you feel that PHI we have about you is incomplete or incorrect, you may request that we amend the information that we maintain.
- Receive a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable cost-based fee if you ask for another one within 12 months.
- Request communications of your information by alternative means or at alternative locations. You may request that we contact you only in writing or at a different residence or post office box.

To request any of the foregoing, you must submit your request in writing to the Privacy Officer at Orthofix US LLC, 3451 Plano Pkwy, Lewisville, Texas 75056. Your request must state how or when you would like to be contacted.

#### **Our Responsibilities:**

- We are required by law to maintain the privacy and security of your PHI.
- We will not use or disclose your PHI for marketing purposes or sell your PHI, unless you have agreed to this use or disclosure.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

#### **For More Information or to Report a Problem**

If you have questions or would like additional information about Orthofix's privacy practices, you may contact the Privacy Officer at **1-800-535-4492**. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the United States Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against any individual for filing a complaint.

**Effective Date:** This Notice is effective as of October 26, 2021. From time to time we may change this privacy statement, which is applicable about all PHI we maintain about you. For example, as we update and improve our services, new features may require modifications to the privacy statement. The new notice will be available on our website: [www.orthofix.com/privacy-policy](http://www.orthofix.com/privacy-policy). Accordingly, please check back periodically.



3451 Plano Pkwy  
Lewisville, TX 75056  
(800) 535-4492



**As an individual receiving services from Orthofix, let it be understood that you have the following rights:**

1. To select those who provide you home care services.
2. To have legitimate identification provided by any Orthofix personnel who enters your residence to provide services for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, psychosocial state, physical or mental handicap, or personal cultural and ethnic preferences.
4. To be promptly informed of the limits of Orthofix care, and prescribed care if or when services are not within the scope, mission, or philosophy of Orthofix, and to be provided with transfer assistance to an appropriate care or service organization.
5. To be treated with friendliness, courtesy and respect by each and every individual representing Orthofix that provides treatment or services for you and to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
6. To have your person and property treated with respect, consideration, dignity, and individuality, and to have your confidentiality, privacy, safety, and security respected at all times.
7. Within the limited scope of services we provide, to assist in the development and planning of your health care program that is designed to satisfy, as best as possible, your current needs.
8. To be fully informed, in advance, about your plan of care and any modifications to your plan of care with respect to Orthofix products, and provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another health care provider, or the termination of service.
9. To express concerns, grievances, or recommend modifications to your home care service without fear of discrimination or reprisal. If you have any concerns about the patient care and safety with Orthofix that hasn't been addressed, you are encouraged to contact our management.
10. To request and receive from your physician complete and up-to-date information relative to your condition, treatment, alternative treatments, and risks of treatment within the physician's legal responsibilities of medical disclosure.
11. To receive the Orthofix items and services prescribed by your physician, promptly and professionally, while being fully informed as to Orthofix policies, procedures, and changes.
12. To refuse care, within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
13. To be fully informed, in advance, of any charges, including charges from any third party, and notified of any costs you will be required to pay.
14. To be fully informed of your responsibilities in the use of Orthofix products.
15. To formulate and have honored by all health care personnel an advance directive such as a Living Will or a Durable Power of Attorney for Health Care, or a Do Not Resuscitate order.
16. To expect that all information received by Orthofix is kept confidential and will not be released without your written consent. If a customer is mentally incompetent, written consent will be obtained from the customer's legal representative.
17. The right to be informed of any financial benefit to Orthofix, if referred to another provider.
18. The right to review the organization's Privacy Notice.
19. The right to access, examine, request amendment to, receive an accounting of disclosures regarding your health information as permitted under applicable law.
20. The right to revoke any previous consent for release of medical information or for obtained consent for media recording or filming.
21. To be informed of any experimental or investigational studies that are involved in your care, and be provided the right to refuse any such activity.
22. To have equipment provided that is clearly marked with the Orthofix name, address and telephone number. That telephone number may be used for information, questions, and/or complaints about Orthofix products and services.

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**Orthofix hours of operation are 7:00 a.m. CST to 7:00 p.m. CST.**





We appreciate your candid comments as well as your assistance in helping us to continually improve our service to our many valued customers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



These home safety instructions are provided to assist you in identifying safety hazards in your home.

To prevent accidents, you should correct any hazards you identify:

## **Environmental Safety**

### **Walkways**

- Remove throw rugs whenever possible to avoid tripping.
- If you can't remove throw rugs, use rugs with non-skid backing to avoid slipping.
- Repair or replace torn carpeting to avoid tripping.
- Make the transition between types of flooring as even as possible and secure to prevent tripping.
- Avoid waxing wood or linoleum floors to prevent slipping.

### **Stairs**

- Rise between steps should ideally be no more than 5 inches.
- Make sure handrails are well anchored on both sides of the stairway.
- Non-skid treads can be placed on wooden stairs to prevent slipping.
- Make sure carpeting on stairs is secure.

### **Furniture Layout**

- Arrange furniture so that pathways are not cluttered.
- Chairs and tables need to be sturdy and stable enough to support a person leaning on them.
- Avoid furniture with sharp edges and corners – if furniture does have sharp edges or corners, pad them.
- A chair with arm rests and high backs produce more support when sitting and more leverage when getting in and out of the chair.

### **Lighting**

- Be sure that your lighting is ample to prevent falls and to assure that you can read medication labels and instructions easily.
- Light switches should be immediately accessible upon entering the room.
- Good lighting in hallways, stairs and bathrooms is especially important.

### **Medicines**

- Keep medicines out of the reach of children.
- Dispose of expired medicines properly.

### **Sliding Glass Doors**

- Mark sliding glass doors with stickers to prevent someone from walking through the glass.

## **Bathroom Safety**

### **Bathtub & Shower**

- Install skid-resistant strips or rubber mat.
- Use a bath seat if it is difficult to stand during a shower or too difficult to get up out of the tub.
- Install grab bars on the side of the tub or shower for balance.
- DO NOT use the soap dish or towel bars for balance – these can pull out of the wall very easily.
- Adjust water temperature to 120° or less, to prevent scalding.

### **Toilet**

- Use an elevated toilet seat or commode if you need support getting on and off the toilet.
- Install grab bars around the toilet if you require assistance sitting or standing.

### **Doors**

- Avoid locking bathroom doors or use only locks that can be opened from both sides when you may need assistance in the bathroom.

## **Kitchen Safety**

- Store frequently used items at waist level – use a reacher or grabber to avoid standing on a chair or footstool when items are not at eye level.
- Mark “ON” and “OFF” positions clearly on the dials on the stove.
- Use the front burners of the stove to avoid reaching over burners.
- Make sure pan/pot handles are not over other burners’ or not over the edge of the stove.
- Slide heavy pans across the stove instead of trying to lift them.
- Keep baking soda near the stove to extinguish small cooking fires and keep a fire extinguisher in the kitchen if possible.
- Make sure the sleeves of your clothing are not loose or dangling while cooking – they could easily catch fire.
- Tables with 4 legs are more stable than pedestal – type tables.



**General Information:**

- ☐ Service Agreement
- ☐ Medicare Supplier Standards (Medicare patients only)
- ☐ Patient Bill of Rights
- ☐ Privacy Practices
- ☐ Financial Responsibility
- ☐ Basic Home Safety Checklist
- ☐ Warranty Policy
- ☐ Patient Communication Form
- ☐ STIM onTrack Discussed with Patient

**Equipment Instructions:**

- ☐ Patient Manual/Instructions
- ☐ Treatment Regimen
- ☐ Proper Use
- ☐ Maintenance & Cleaning
- ☐ Troubleshooting

**Safety:**

- ☐ Do not immerse device in water
- ☐ Only use the provided Orthofix charger to charge device
- ☐ Use 3-prong outlet style only to charge device
- ☐ Avoid outlets near water when charging device
- ☐ Avoid outlets near other charging devices to avoid potential for mix-up
- ☐ Do not use extension cords

**Follow-up:**

- ☐ For any questions or concerns, contact Orthofix Patient Services at 1-800-535-4492.