

Healthcare Prescriber Information

\*Prescriber First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ \*Practice Name: \_\_\_\_\_

Prescription

I am prescribing Renovia's leva<sup>®</sup> Pelvic Health System.

\*Diagnosis & ICD-10 Codes (check all that apply):
 N32.81 Overactive Bladder  N39.3 Stress Incontinence
 N39.41 Urgency Incontinence  N39.46 Mixed Incontinence  N81.84 Pelvic Muscle Wasting  Other: \_\_\_\_\_

\*Quantity: 1 with PRN replacements for 1 year \_\_\_\_\_ If other, specify: \_\_\_\_\_

\*Directions for use: Use twice daily (morning & evening), approx 2½ minutes each time, following app training mode. Remove after use.

If different directions for use apply, please indicate: \_\_\_\_\_

I certify I am the Prescriber identified in this form and authorized by law to order the products requested herein. I also certify the prescribed treatment is medically necessary, reasonable and appropriate according to accepted standards within the medical community for the treatment of the patient's diagnosed condition.

\*Prescriber Signature (required): \_\_\_\_\_ \*Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Information

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Mobile: ( ) \_\_\_\_\_ \*Phone: ( ) \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*Phone type:  iOS  Android

\*Language Support:  English  Spanish  Other: \_\_\_\_\_

HCP Office Instructions

Please send the fully completed and a signed leva prescription either by fax (877) 800-4371 OR (877) 974-6372 or email fax@renoviainc.com

Comments: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

If you have any questions, please call Renovia at (866) 735-8423.

## 6 Month Money Back Guarantee

*Renovia guarantees your satisfaction with the leva® Pelvic Health System if you use it as recommended for 30 days – or we'll provide your money back.*

- If you follow the *leva* Pelvic Health System's protocol for use (summarized below) for thirty (30) consecutive days within six (6) months of shipment and you are not satisfied, you can contact the *leva* Women's Center for a full refund.
- You must request your refund within six (6) months of shipment by Renovia. To qualify for this Money Back Guarantee, you must complete your twice daily exercises in the *leva* app's Training Mode for thirty (30) consecutive days within six (6) months of shipment. All five (5) Training sessions must be completed.
- A representative of the *leva* Women's Center will review your usage of the *leva* device to understand the reasons you are dissatisfied and to confirm you have completed your twice daily training sessions for thirty (30) consecutive days.
- Please contact Renovia to confirm the terms of this 6 (6) Month Money Back Guarantee prior to your purchase. Renovia reserves the right, at its discretion, to cancel this offer or modify its terms at any time prior to your purchase.
- This Money Back Guarantee is only available to self-paying customers purchasing *leva* directly from Renovia. If you purchase *leva* from your healthcare provider, other terms and conditions will apply and the refund (if any) would come from your healthcare provider. The amount of the refund (if any) from your healthcare provider may vary. Contact your healthcare provider for further information.

## Limited Warranty

*Renovia warrants the leva® Pelvic Health System ("leva" or the "device") against defects in materials and workmanship for twelve (12) months from the date of original purchase. Alleged defects must be reported to Renovia by the original purchaser prior to the end of the warranty. Warranty claims must be supported with reasonable evidence of the claimed defect. Renovia may require the device be returned and if required, will provide customer with a Return Material Authorization number, which must be displayed on the outside packaging sent to Renovia.*

*Renovia reserves the right to determine whether to repair or replace a device determined to be defective. In the event of replacement, the warranty period of the replacement device will be run from the date of the original purchase. Repair or replacement of your device will not extend the time period of this limited warranty.*

*This limited warranty does not cover cosmetic or battery deterioration or damage caused by excessive wear and tear, physical or natural destruction, accident, misuse, neglect or other external causes. Any attempt to disassemble the device will invalidate this limited warranty and any use of the device that is contrary to its Instructions for Use (available on Renovia's website) may invalidate this limited warranty.*

*REPAIR OR REPLACEMENT OF THE DEVICE OR ITS AFFECTED COMPONENT ARE THE EXCLUSIVE REMEDIES PROVIDED IN CONJUNCTION WITH THE PURCHASE AND USE OF THE DEVICE. TO THE EXTENT PERMITTED BY LAW, THIS WARRANTY AND THE REMEDIES SET FORTH ARE EXCLUSIVE AND IN LIEU OF ALL OTHER WARRANTIES, REMEDIES AND CONDITIONS, WHETHER ORAL, WRITTEN, STATUTORY, EXPRESS OR IMPLIED. RENOVIA DISCLAIMS ALL STATUTORY AND IMPLIED WARRANTIES, INCLUDING WITHOUT LIMITATION, WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE AND WARRANTIES AGAINST HIDDEN OR LATENT DEFECTS. IN SO FAR AS SUCH WARRANTIES CANNOT BE DISCLAIMED, RENOVIA LIMITS THE DURATION AND REMEDIES OF SUCH WARRANTIES TO THE DURATION OF THIS EXPRESS WARRANTY AND, AT RENOVIA'S OPTION, REPAIR OR REPLACEMENT AS DESCRIBED ABOVE. SOME STATES DO NOT ALLOW CERTAIN WARRANTY LIMITATIONS, SO THE LIMITATION DESCRIBED ABOVE MAY NOT APPLY TO YOU.*

*Please contact Renovia to confirm the terms of this Limited Warranty prior to purchase. Renovia reserves the right, at its discretion, to modify its terms at any time prior to your purchase.*