Osteoboost

New Clinically-Proven Treatment for Osteopenia

The first and only non-pharmacological prescription treatment for your patients with low bone density that has clinically-proven effectiveness.

FDA-Cleared Precision Vibration Therapy

- **Clinically-Proven Efficacy:** Clinical trial demonstrated significant reduction in the loss of bone density and strength in postmenopausal women with osteopenia.
- **High Patient Compliance:** 80% adherence to the treatment regimen.
- **Targeted & Calibrated Vibration:** Embedded sensors provide targeted, calibrated vibration therapy to the spine and hips.

Preserve Bone Density and Strength

Clinical Trial in Postmenopausal Women with Osteopenia (n=126) [1]

83% reduction in bone strength loss

85% reduction in bone density loss

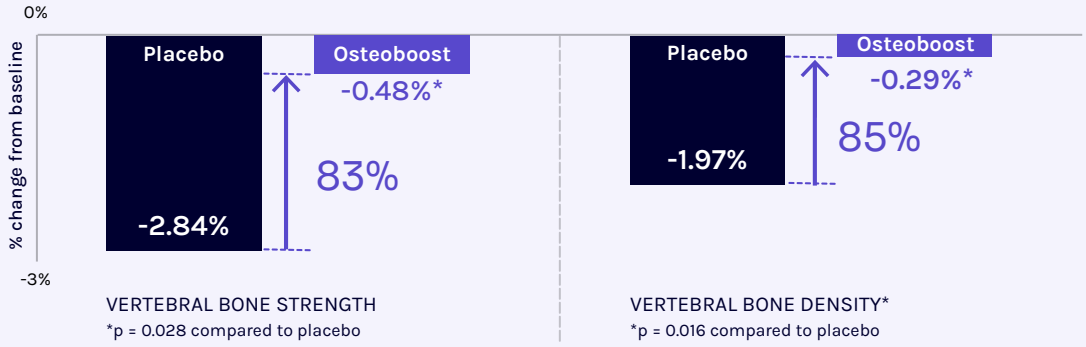


Figure 1 shows data from participants who averaged 3 or more treatments per week over 12 months (n=73 participants)

1. Bilek LD, Flores LE, Waltman N, et al. Benefits of Targeted Vibration for Bone Strength and Bone Density in Postmenopausal Women with Osteopenia: A Randomized, Sham-Controlled Trial. JBMR Plus. 2024;ziae104. Published July 30, 2024. doi:10.1093/jbmrpl/ziae104

Scan here for the JBMR Publication

JBMR PLUS

For more on Osteoboost scan here or go to **bonehealthtech.com**

Osteoboost

Targeted, Precise Therapy

- **Targeted vibration** to the spine & hips provides mechanical stimulation that mimics the effects of high-impact exercise
- **Reduces the loss of the bone density and bone strength**
- **Embedded sensors** ensure therapeutic vibration dose during every treatment session

Increased Usage Can Lead to Even Greater Benefit

More frequent use of Osteoboost is correlated with greater benefit, with 31% of women even experiencing an **increase in bone strength.**

Preventing Osteoporosis

The clinical trial treated patients for 12 months. Figure 2 illustrates a multiyear projection based on the study results at 12 months.

How to Use Osteoboost

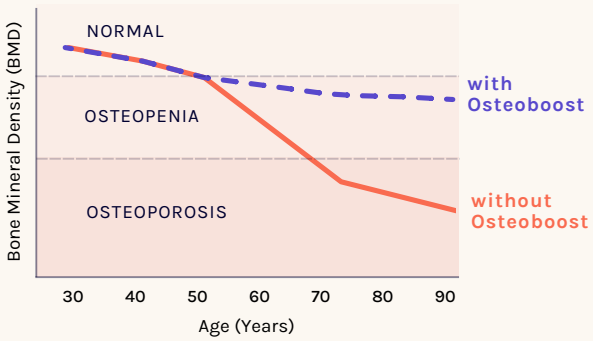
Osteoboost is comfortable and as easy to use as putting on a belt. Each daily treatment session is **30 minutes.** Osteoboost **can be worn while doing chores or walking,** making it easy to fit into any lifestyle. Osteoboost should be used at least five days per week. For best results, we recommend that Osteoboost be used daily.

Safety & Compliance

In our 12-month clinical trial, there were no device-related serious adverse effects. The most common adverse effects potentially related to the device were back pain, pelvic pain, and leg pain, experienced in both the Active and Placebo groups. These were usually mild and transient.

Overall compliance was 80% and participants found the belt easy to use.

Fig 2: Bone Density Loss, Osteoboost vs. No Intervention



Prescribing Osteoboost

Fax: 1-888-870-2808 • Phone: 1-800-748-7001

E-Prescribe: healthwarehouse.com (Florence, KY) • NPI: 1619252160 • NCPDP#: 1832674

Diagnosis ICD-10 Code: ICD M85. 8 (Osteopenia)

Osteoboost is currently available through self-pay. We are working to secure coverage from major insurers and Medicare.

LBL-09-2002 rev 1.0, Aug 2024

Scan here for Safety & Indications

For more on Osteoboost scan here or go to **bonehealthtech.com**

Osteoboost

Osteoboost

Fax Prescription Form to
1-888-870-2808

Patient Information

Name _____ D.O.B. _____

Phone _____ Email _____

Address _____ City _____

State _____ Zip Code _____

Prescriber Information

Prescriber Name _____ NPI _____

Address _____ City _____

State _____ Zip Code _____

Office Contact _____ Email _____

Phone _____ Fax _____

Prescription information: Osteoboost

Check the appropriate ICD-10 Code:

- ☐ M85. 8 (Osteopenia)
- ☐ Other _____

Contraindictations:

- ☐ Yes, patient has one or more contradictations
- ☐ No, patient does not have any contraindictations (this should also be noted in the patient's medical records)

Usage: 30 minutes per day, daily.

Clinical criteria: Before use, refer to the product labeling for complete product instructions for use, contraindications, warnings, and precautions at osteoboost.com/indications

Prescriber Authorization

I certify that Osteoboost is reasonable and medically necessary for the treatment of this patient.

Signature _____ Date _____

LBL-09-2002 rev 1.0, Aug 2024