Irish Life health

Request for preauthorisation for the use of Exogen Therapy

Hospital Details

Requesting Clinician	
Requesting Hospital	
Phone number	
Email	

Patient Details

Name	
Date of Birth	
Irish Life Health Membership Number	
Proposed date to commence treatment	

To be Completed by the Requesting Consultant

Please confirm the following:

	YES	NO
Exogen is being used in the treatment of a delayed or non union fracture as per the criteria below		
Fracture is stable and well-aligned (non-displaced) with fracture gap less than 10mm		
Member has consented to treatment		
Member has consented to you sharing their details with Bioventus Cooperatief U.A.		
Member has agreed to greater than 90% compliance (recorded on the device) and understands treatment may be suspended if this is not the case		

As part of the clinical criteria, can you please confirm that one of the following statements is true	YES	NO
3 months delayed or non-union fracture where: • Surgery is the alternate intervention under consideration OR, • Patient has one or more of the following risk factors for non-union: smoker, diabetes, obesity, osteoporosis		
6 + month non-union fracture if patient does not meet one of above criteria		

Please confirm that one of the following is attached	YES	NO
Recent Consultant report on Xray		
Recent Consultant report on CT / MRI		

Declaration

I hereby confirm that the Exogen preauthorisation is being sought as an integral part of treatment.

I/we confirm that all the details, answers and information given in this form are true, accurate and complete. I/we confirm that I/we am/are giving my/our permission to you to use the information I/we have given on this form for the purposes set out in the Irish Life Health Privacy Notice which can be found at http://www.irishlifehealth.ie/privacy-and-legal/privacy-statement/

Signature (requesting Consultant)	
Date:	