

# Request for Replacement of Unusable Product

# ELIGIBILITY ATTESTATION FORM

If a DEXTENZA insert is deemed unusable (per the attestation statement below)\*, Ocular Therapeutix may send a replacement product via the DEXTENZA360 program.

- Please complete this form in its entirety and fax to **DEXTENZA360** at **1-855-518-7564** along with product invoice of the DEXTENZA insert.
- The physician/provider must sign the attestation.
- The replacement process must be initiated within 30 days of incident.
- FOR RETURNS OF EXPIRED PRODUCT OR PRODUCT DAMAGED IN SHIPMENT, please contact your distributor for return.
- Contact **DEXTENZA360** at **1-800-339-8369 Option 4** if you have any questions or need additional information on program eligibility.
- Product replacement is subject to adherence to Ocular Therapeutix policies and procedures regarding product replacement and Ocular Therapeutix right, in its sole discretion, to deny replacement when misuse is suspected.

Today's Date:	<input type="text"/>	Provider State License #:	<input type="text"/>
Provider Name:	<input type="text"/>	National Provider Identifier (NPI):	<input type="text"/>
Facility Name:	<input type="text"/>	Facility State License #:	<input type="text"/>
Address:	<input type="text"/>	Contact Name:	<input type="text"/>
Please provide the address where replacement product should be shipped.		Phone:	<input type="text"/>
City:	<input type="text"/>	Email:	<input type="text"/>
State:	<input type="text"/>	Zip Code:	<input type="text"/>
		Fax:	<input type="text"/>

## \*Attestment Statement:

I,  (Provider name), hereby attest that DEXTENZA is not usable due to (check one):

- |  |  |
|--|--|
| <input type="checkbox"/> Hydration before patient insertion (swelling) | <input type="checkbox"/> Pouch being mishandled or damaged                     |
| <input type="checkbox"/> Mishandling or dropping                       | <input type="checkbox"/> Temperature not being maintained at 2-8° C (36-46° F) |
|  | <input type="checkbox"/> Missing product in the pouch                          |

If the product is deemed unusable for a different reason than above, please provide explanation/description.

## DEXTENZA Product Information:

Total Unusable Units:

Lot # <input type="text"/>	Lot # <input type="text"/>	Lot # <input type="text"/>
Lot # <input type="text"/>	Lot # <input type="text"/>	

- Additionally, I attest that this product was purchased for an FDA-approved indication, was never administered to a patient, and furthermore, no reimbursement will be sought for the damaged product or use of the damaged product.
- I certify the product will be destroyed in accordance with federal and state regulations. (Product return not required)

By signing this form, I attest that this information is true, accurate and complete to the best of my knowledge.

Provider Signature:

I confirm that by signing this form, I am licensed to practice at the requested shipment location.

**For an attestation statement to be valid and product to be replaced, the signature of the ordering/performing provider is required.**  
**In the event of a multi-unit loss, please contact DEXTENZA360 for further instruction.**