



Physician Enrollment Form: REVOLVE™ System Patient Web Site

Please email a copy with your saved changes to REVOLVE@acelity.com.

Please type or print legibly as you wish it to appear on www.REVOLVEGrafting.com.

Please call your LifeCell Account Representative if you have any questions.

Required Contact Information (for internal use only)

Practice/Client Name: _____

Number of Physicians Using REVOLVE™ System in Your Practice: _____

Number of Physical Locations for Your Practice: _____

LifeCell Account Number: _____ Account Rep: _____

Whom should we contact if there are questions about your practice profile?

Contact Name: _____ Contact Position: _____

Contact Phone: _____ Contact Email: _____

Physician Profile

Use multiple copies of this form if there is more than one physician using REVOLVE™ System in your practice.

Full Name: _____

Use Profile Data From: Below CV (attach file to email) Web site address: _____

Medical School: _____

Internship: _____

Residency: _____

Fellowship: _____

Professional Affiliations: _____

Board Certification Status: _____

Other Degrees: _____

Location Profile

Use multiple copies of this form if there is more than one location associated with your practice.

Name of Practice for Display: _____

Address Line 1 (no P.O. boxes permitted): _____

Address Line 2: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Office Phone: _____ Office Fax: _____

Office Email: _____ (inquiries collected on the site will be sent to this email)

Practice Web Site: _____ Office Hours: _____

Location Profile (continued)

Welcome Message: Below Included in Email Web Page Address:

Profile Photo

Your profile allows for a single profile photo (i.e. photo of doctor, physician group photo, or practice logo).

Profile Photo: Sent via email to REVOLVE@acelity.com (reference your practice name or REVOLVE™ System account ID)*

*To ensure the best possible image quality, please transmit high-resolution JPEG images between 500k and 2000k (2MB).

Before & After Photos

Please only supply before and after photos for which the patient in the photos has completed the Patient Release and HIPAA Authorization (“Release”), attached hereto. Photos submitted without the completed Release will not be included on the Web site. Each set of photos may contain up to 5 views (left, left-oblique, front, right-oblique and right). Individual images should be clearly labeled (i.e. patient12-left-oblique-before.jpg). Each set of photos should be transmitted with the completed Release and should include the patient’s age, height, weight, procedure detail and the dates of the photos (month and year). To ensure the best possible image quality, please transmit high-resolution JPEG images between 500k and 2000k (2MB). LifeCell reserves the right in its sole discretion to not post any B&A photos on the website. B&A Photos:

Sent via email to REVOLVE@acelity.com (reference your practice name or REVOLVE™ System account ID)*

*To ensure the best possible image quality, please transmit high-resolution JPEG images between 500k and 2000k (2MB).

Custom Profile Page

I am interested in information about linking my practice site to a custom profile on the REVOLVE™ System site.

Authorization and Indemnification Agreement (referred to herein as the “Authorization”)

I, _____, hereby authorize LifeCell Corporation and its parents, subsidiaries, affiliates, licensees, successors and assigns (herein collectively called “LifeCell”) to use and publish for commercial and non-commercial purposes, world-wide, the Physician Profile, Location Profile, Before & After Photos, and Profile Photo submitted by me on or through this Physician Enrollment Form (“Content”) for the purpose and in the manner detailed herein. Specifically, I authorize LifeCell to store the Content in a database maintained by LifeCell and transmit or display the Content on the Internet-based, LifeCell sponsored website: www.REVOLVEGrafting.com (“Website”). I understand and acknowledge that if the Content is included on the Website, I may be contacted by third parties that are not affiliated with LifeCell and over whom LifeCell does not exercise any control.

I understand and agree that I will not be compensated in any way for providing the Content to LifeCell of authorizing its use in the manner detailed herein. I further understand and agree that nothing in this Authorization shall cause me to be treated as an employee, agent, or partner of LifeCell, nor create any partnership, joint venture, agency, or employment relationship between myself and LifeCell or between myself and the employees, agents or independent contractors of LifeCell. I affirmatively represent and warrant that I will not represent implicitly or expressly that I am affiliated with, controlled by, or authorized to act on behalf of LifeCell.

I understand and agree that the inclusion of the Content provided by me on the Website is not an endorsement, recommendation or referral by LifeCell regarding my practice nor does it constitute a representation or guarantee by LifeCell regarding my qualifications, competence or skill. I represent that the Content provided by me has been provided without input from LifeCell and I further understand and acknowledge that LifeCell will not validate or confirm the accuracy of the Content provided by me if and/or when it is included on the Website. I represent that I have full right, power and authority to use the Content and use by LifeCell does not infringe or misappropriate the rights of third parties. I hereby agree to indemnify, defend and hold harmless LifeCell from and against any and all claims, actions, causes of action, liabilities or damages, including attorneys' fees, arising out of or resulting from the Content provided by me, the Content's use on the Website and any communications, infringement or misappropriation of third party rights in any Content, acts or omissions arising directly or indirectly from any physician-patient interaction or relationship that may arise from use of the Website.

I understand and agree that LifeCell is the exclusive owner of the Website and that I have no right to approve the manner in which the content is displayed on the Website prior to its use. I understand and agree that my participation in the Website is at the discretion of LifeCell and LifeCell reserves the right to include or remove some of all of the Content provided by me from the Website at any time, for any reason, and without prior notice to me. I further understand and agree that LifeCell reserves the right to control the Website and the right to shut down the entire Website, or a portion thereof, including the Content provided by me, at any time, for any reason, and without prior notice to me. I understand and agree that nothing herein will constitute any obligation on LifeCell to make use of any of the rights set forth herein.

I understand this Authorization may be revoked at any time by writing to: LifeCell Corporation, ATTN: Legal Department, 95 Corporate Drive, Bridgewater, New Jersey 08807. This Authorization will expire upon its revocation by me, except as to use of the Content prior to the effective date of revocation. I understand that any request by me to change the Content must be in writing, addressed to LifeCell at the above-listed address, and may require execution of a new authorization.

Through my signature below, I represent that I have read and foregoing and am in agreement with the terms and conditions set forth herein.

Sign: _____ Date: _____

Please email completed form to REVOLVE@acelity.com.

For more information please contact your LifeCell REVOLVE™ System Account Representative. Your participation on www.REVOLVEgrafting.com is at the discretion of your LifeCell REVOLVE™ System Account Representative. Your LifeCell REVOLVE™ System Account Representative reserves the right to suspend or cancel your enrollment at anytime without refund if you are not a committed LifeCell REVOLVE™ System account.