



*Dedicated to the advancement of non-invasive therapies for
Optimal Bladder, Bowel and Sexual Health & Function!*

Pelvic floor therapist instructions: Requesting a Renew prescription for a patient

Thank you for advocating on behalf of your patient to order Renew anal inserts. This instruction page is designed to help you to easily provide the information necessary to obtain a valid SWO.

Confirm the clinical ask in your note

- Document succinctly so the prescriber can sign with confidence:
 - Primary issue: **accidental bowel leakage / fecal incontinence**
 - Current impact: episodes/week, urgency, triggers, quality-of-life impact
 - What's been tried: diet, meds, pelvic floor therapy interventions, bowel routine, etc.
 - Rationale for Renew: patient needs a **discreet internal option** to help prevent leakage during daily activities (stay within indication; avoid off-label claims).

Send the prescriber a “sign-ready” order request

- Include:
 - Patient identifiers (name, DOB)
 - Diagnosis/ICD-10 (if your clinic uses it for ordering)
 - The combined Rx language (starter + 30-day supply)
 - Note: **direct ship with Rx verification**
 - Your callback info for questions

After the prescriber signs

- Ensure the signed order includes signature, date, NPI, patient name/DOB, quantities, refills.
- Submit to your internal process (fax/portal) for **Rx verification + direct ship**.
- Document patient-confirmed size after the trial (date/time + selected size) in the chart for auditability.

On the next page please find a one-page customizable SWO that you may use to easily request a physician's signature.

*****Please fax all orders to CMT at (508) 947-1486*****



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Use this message to the prescriber (copy/paste/modify as needed)

Subject: Prescription request – Renew® Anal Insert (Starter + 30-day supply)

Message:

Patient: [Full Name], DOB: [DOB]

Diagnosis: Accidental bowel leakage / fecal incontinence (ICD-10: [if known])

I'm treating this patient in pelvic floor therapy and am requesting a prescription for Renew® Anal Insert (Rx-only Class II device) to support management of accidental bowel leakage. Please sign the following **combined written order** so the patient can trial sizing and then continue with a monthly supply.

Rx / SWO (two line items):

1. **Renew® Anal Insert – Starter Package (Sizing Trial)**
 - Dispense: 1 Starter Package (1 Regular insert + 1 Large insert, each with applicator)
 - SIG: Use 1 insert per Instructions for Use for sizing trial. May be worn until next bowel movement or changed as directed.
 - Refills: 0

2. **Renew® Anal Insert – 30-day supply (Monthly)**
 - Size: **Regular or Large — patient to confirm after starter trial**
 - Dispense: 30 disposable inserts with applicator (30-day supply)
 - SIG: Use 1 insert per Instructions for Use. Replace after bowel movement (or as directed).
 - Refills: [] (1-99 Note* 99 equals unlimited)

Dispensing authorization note:

“Dispense either Regular or Large based on **patient-confirmed best fit** after starter trial; no new Rx required for size selection.”

Fulfillment: **Direct ship to patient after prescription verification.**

Please include your **signature, date, NPI**, and practice contact info.

If you prefer, I can send this as a one-page SWO for signature.

Sincerely,

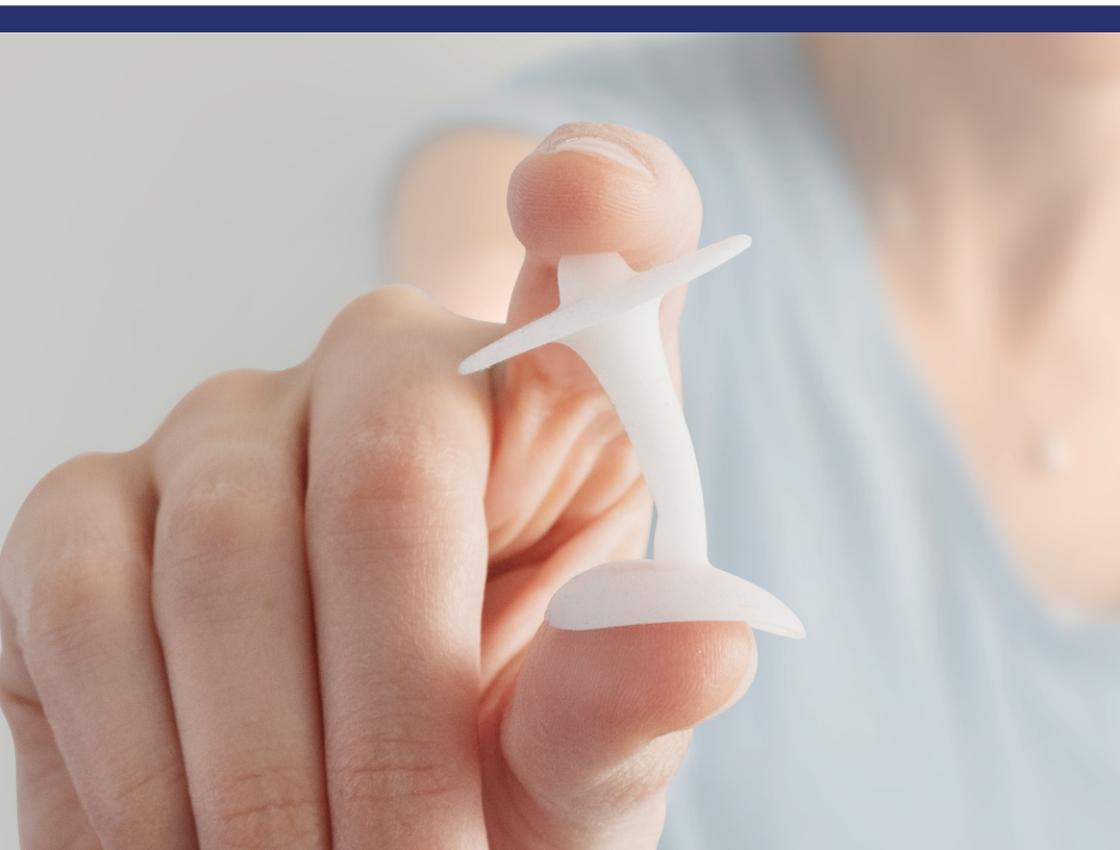
[Your Name], PT/DPT

[Clinic] | [Phone] | [Fax] | [Email]



Confidence and Control. In Comfort

Innovative protection from Accidental Bowel Leakage



**CURRENT MEDICAL
TECHNOLOGIES, INC.**

Phone: 800-382-5879

Email: info@cmtmedical.com

Website: www.cmtmedical.com

Scan to learn more
about Renew



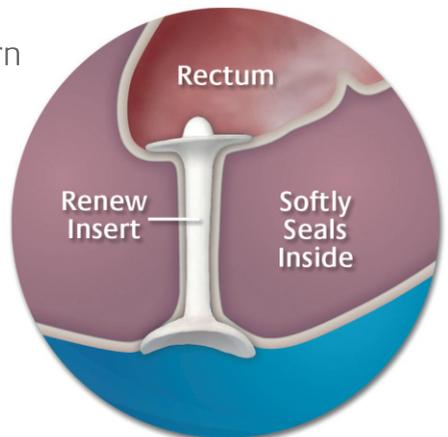


Renew[®] Inserts

Confidence and Control. In Comfort

Renew Inserts softly and comfortably fit the body, sealing the rectum from the inside to help prevent **Accidental Bowel Leakage (ABL)**. They provide reliable and discreet internal protection that allows your patient the opportunity to live a normal, active life.

A single Renew Insert can be worn day and night, until the next bowel movement, or changed as desired. Simple and easy to use, each insert is individually packaged with a handy, disposable finger-tip inserter.



About ABL

- As many as 1:10 adults in the US suffer with ABL
- Emotional distress can often result from ABL
- ABL is more prevalent in women than men
- Can be a primary or secondary symptom of other disease
- Fear of an embarrassing episode can prevent patients enjoying a normal, active life

Functional causes

- Cancer
- Traumatic Childbirth
- Irritable Bowel (IBS/IBD)
- Post Radiation Therapy
- Post Trans Anal Irrigation
- Following surgery to the anal sphincter/pelvic floor

Neurogenic causes

- Cauda Equina
- Multiple Sclerosis (MS)
- Parkinson's Disease
- Cerebrovascular Accident (CVA)
- Diabetes



Renew Inserts with inserter

Renew Inserts are available in two sizes. A starter pack is also available to help assess the most appropriate size, prior to prescription.



Renew Inserts Ordering Information

SIZE	QUANTITY	PRODUCT CODE
REGULAR INSERT	30	CS-FG730
LARGE INSERT	30	CS-FG731
DESCRIPTION	QUANTITY	PRODUCT CODE
STARTER PACK	2 (1 Regular, 1 Large)	CS-FG716



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