



Patient Name:	Athena ID:
Date:	
Provider (HCP) in their monitoring of a patient pattern. The system consists of the OPSB™ Senarty cloud portal. The OPSB Sensor is a wireless	ect and transmit temperature data to aid patients and Health Care is compliance with their HCP's recommended brace wear times and sor, software app (installable on Android and iOS phones), and thirds accessory used to measure, collect, and transmit temperature and municates, via Bluetooth, to an OPSB App available for Android and
containing the downloaded OPSB™ App. Synchr for analysis and display on the corresponding s	at allows secure synchronization to a corresponding smart phone onized data is automatically uploaded and stored to a cloud platform mart phone as a visual reward using stars and trophies for reaching thorized members of the patient's HCP team, via a secure log in, to patterns.
time and pattern. However, the OPSB Sensor Sy contraindications (clinical situations where the the Instructions for Use that must be communi	mation regarding compliance with a HCP's recommended brace wear stem has specific indications for use (conditions or reasons for using), risk of use outweigh the benefits), precautions and warnings listed in cated by and discussed with your HCP prior to use. Use of the OPSB ly and a voluntary choice for the patient in consult with their HCP.
of birth, brace type, temperature and wear information that comes into its possession. Bo	ystem can include user credentials, name, contact information, date times. Boston O&P will keep confidential any patient identifying ston O&P may share and utilize limited data with clinical partners of me data to objectively review the impact of brace monitoring. Boston bostonoandp.com/privacy-policy/.
	ystem, you agree that you have read and understand this Consent cense Agreement and Release of the backside of this form.
I consent and understand that t will be collected, stored and sha	he Wear Sensor will be installed in my brace and that patient data ared as described herein.
I wish not to have the Wear Ser	sor installed in my brace.
Signed:	Date:
Name:	
Guardian Signature on behalf of themselves a	nd the Patient if patient is under 18 years old.

WEAR SENSOR AND APPLICATION END USER LICENSE AGREEMENT AND RELEASE

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