



Re: T.R.U.E. TEST® Physician Locator Service

Dear Health Care Professional,

Every month thousands of people visit our SmartPractice and T.R.U.E. TEST web sites in search of products and information that will help them manage their chronic allergic or irritant dermatitis. Many of these individuals have indicated that they struggle to find a medical professional in their area who is willing to help them diagnose, treat and manage these conditions.

As the exclusive distributor of T.R.U.E. TEST in the United States, SmartPractice would like to help. Therefore, we have developed the T.R.U.E. TEST Physician Locator Service. It is our intent that this referral service will help connect potential patients with a physician who understands contact dermatitis and offers patch testing as a means to determine the underlying cause of their skin disease. Because you are a T.R.U.E. TEST user, we respectfully request your participation in this referral service and would like to explain how it works.

Patients visiting smartpractice.com or truetest.com will have the opportunity to identify participating physicians who use T.R.U.E. TEST, based on state and zip code. The patient will be provided with names, addresses and phone numbers for use in contacting a physician at their own discretion. At no time will SmartPractice, use a physician's name or practice information as a direct or implied endorsement our product(s). Information about participating physicians will not be used in any promotional material outside of the defined scope of the online T.R.U.E. TEST Physician Locator Service without the expressed written permission of the participating physician. Furthermore, SmartPractice will not endorse or make claims regarding a participating physician's practice nor imply that patch testing is always the recommended treatment.

We believe this service can add value to your practice. If you agree and would like to participate, please complete the attached form to provide authorization. Be assured that you can discontinue your participation in this service at any time by contacting SmartPractice at info@smartpractice.com, or by contacting us by phone at 800-878-3837. Your name and information will be promptly removed from the T.R.U.E. TEST Physician Locator Service. We also reserve the right to remove a physician's name from the T.R.U.E. TEST Physician Locator Service without notice, based on significant changes in licensure or T.R.U.E. TEST purchasing status.

We thank you for your consideration of the T.R.U.E. TEST Physician Locator Service and your continued support. Please do not hesitate to contact us if you have any question regarding the this program or any of the products offered by SmartPractice.

Sincerely,

Curtis P. Hamann, M.D.
President/CEO



T.R.U.E. TEST Physician Locator Service Authorization Form

YES, I authorize SmartPractice to include my name in the T.R.U.E. TEST Referral Service accessible to potential patients online at smartpractice.com and truetest.com.

Please print the following information clearly, or attach a business card with the following information. Return the completed form via fax to (800) 926-4568.

Physician's Name: _____

State License Number: _____ Expiration Date: _____

#1 Office/Practice Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: (____) _____ Fax Number: (____) _____ E-Mail: _____

Physician's Signature: _____ Date: _____

If you would like to have information regarding multiple offices included in the referral service, please provide additional office addresses and phone numbers below.

#2 Office/Practice Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: (____) _____ Fax Number: (____) _____

#3 Office/Practice Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: (____) _____ Fax Number: (____) _____