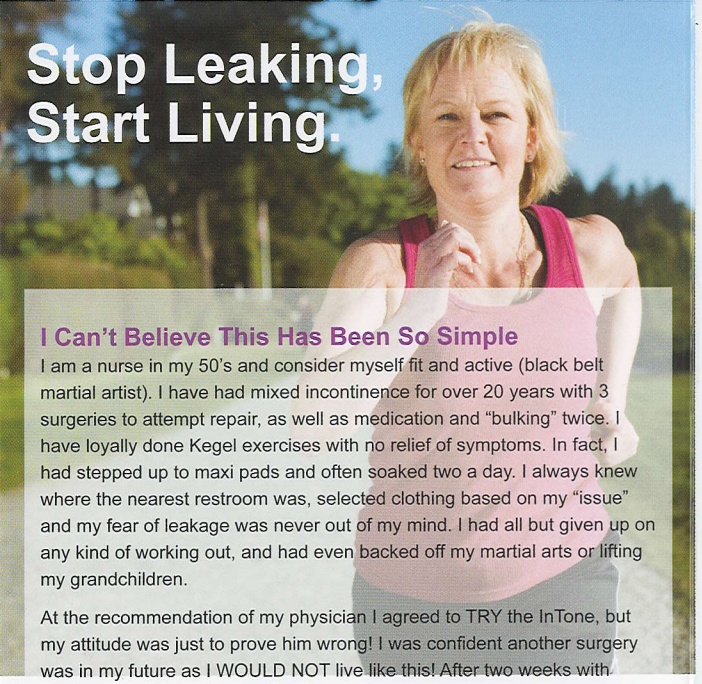
Stop Leaking, Start Living.



I Can't Believe This Has Been So Simple

I am a nurse in my 50's and consider myself fit and active (black belt martial artist). I have had mixed incontinence for over 20 years with 3 surgeries to attempt repair, as well as medication and "bulking" twice. I have loyally done Kegel exercises with no relief of symptoms. In fact, I had stepped up to maxi pads and often soaked two a day. I always knew where the nearest restroom was, selected clothing based on my "issue" and my fear of leakage was never out of my mind. I had all but given up on any kind of working out, and had even backed off my martial arts or lifting my grandchildren.

At the recommendation of my physician I agreed to TRY the InTone, but my attitude was just to prove him wrong! I was confident another surgery was in my future as I WOULD NOT live like this! After two weeks with InTone my symptoms seemed improved but I was skeptical and argued that I must be consuming less coffee or some other factor. A week later I reduced my pads to medium liners....a month later to light liners.

It has now been 4 months and my life is changed. It took me a long time to get my confidence to the level of using no liner at all, but I took the step a few weeks ago. After repeated surgeries, thousands of dollars, weeks of missed work, tears from frustration....I can't believe how this has been so simple. While I hated ever telling even my close friends about my "issue", today I want to tell every woman I know about what I have experienced.

-R.K.

I am so happy I tried this device!

I am a 41year old who has had bladder leakage for many years. I have had to wear panty liners daily. After starting the Intone device, I have noticed a HUGE decrease in my leakage. I would normally have to wear a maxi pad if I had a cold/cough. I would SOAK the pad. I recently got over a cold and I didn't have to wear a maxi pad at all and had very little leakage. I am so happy I tried this device.

-A.G.

Incredible

I have suffered from mixed urinary incontinence for almost 30 years after having three children. My physical activity has been very limited due to my fear I would lose urine. Even with laughing, lifting, coughing and sneezing I would have to be prepared, cross my legs and hope for the best. I have taken medication and tried some "gimmicks" to help, to no avail. Since using the InTone, I feel like I got my life and youth back! InTone is a computerized, high tech, private physical therapy session. No batteries to replace and it comes with a charger. And guess what? I'M DRY and getting control of my life again! Thank you InControl Medical!!

-M.L.

Visit www.incontrolmedical.com or call (262) 373-0422 for more information

Frequently Asked Questions

Q: What is InTone?

A: InTone is a medical device that treats your bladder leakage using the most effective, non-invasive strategies available. InTone combines proven technologies to treat stress, urge and mixed incontinence and is designed to be used in the comfort and privacy of your home.

Q: What Does InTone Do?

A: InTone combines voice-guided pelvic floor exercises, visual biofeedback, and muscle stimulation to strengthen your pelvic floor and stop spasms of the bladder muscle. If you have a strong pelvic floor, you can do things such as cough, laugh, sneeze and run without leakage. Calming spasms of the bladder muscle allows you to avoid frequent trips to the bathroom and leakage associated with urgency. Over 30 years of research has proven that pelvic floor exercises, biofeedback and muscle stimulation are extremely effective treatments for stress, urge and mixed urinary incontinence and only InTone combines them into a home-use device.

Q: How Does InTone Work?

A: Muscle stimulation is customized by your clinician to ensure proper muscle activation, working in conjunction with voice-guided pelvic floor exercises using visual biofeedback to improve your performance.

Q: How Do I Use InTone?

A: InTone voice-guides your entire 12 minute session, using the same directions that a therapist would use during a clinic visit. You will strengthen your pelvic floor muscles by contracting as coached by the hand-held Control Unit in combination with the deep muscle stimulation provided by InTone.

Your session data is stored in the device after each completed session. Your clinician will review this data at follow-up visits and use it to guide your treatment and maximize your gains.

Q: How often do I Need to Return for Follow-Up Visits?

A: Your InTone will be customized by your clinician at the initial office visit. A follow-up will be scheduled two weeks later to assess your progress and adjust your stimulation level as needed.

Additional office visits are recommended at 30 day intervals based upon your specific diagnosis (14 weeks total for stress incontinence and 26 weeks for urge/mixed incontinence). Most patients continue with follow-ups every other month for the remainder of the year. Once maximum continence has been achieved, you will use InTone twice weekly to ensure no loss of functional gains.

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InTone™

By: InControl Medical™, LLC

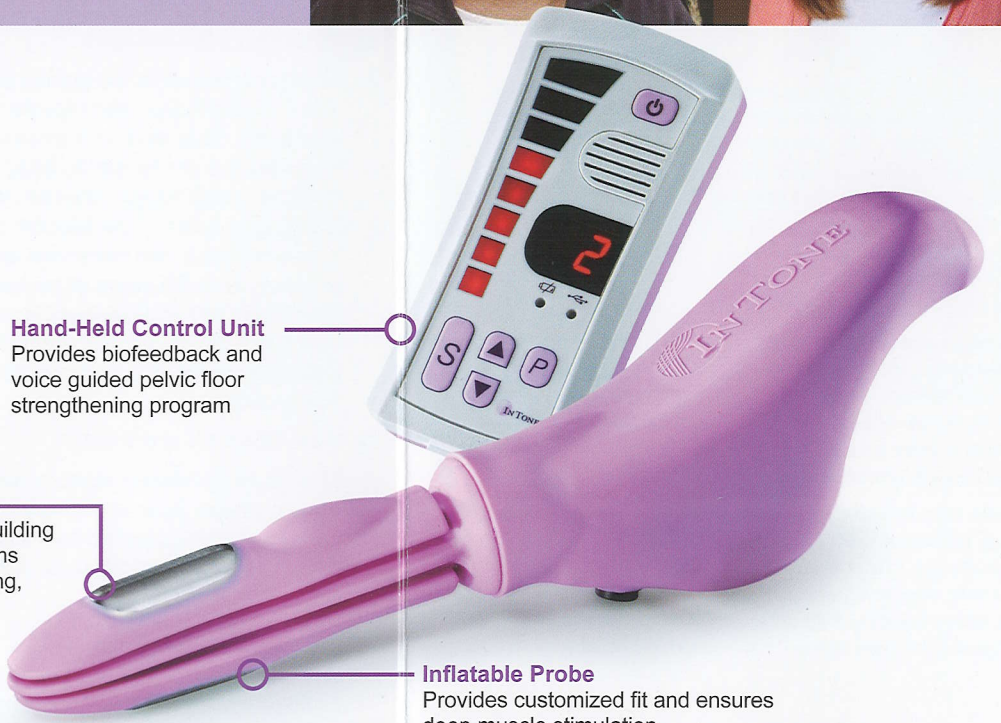
Your Non-Surgical Solution to STOP Unwanted Bladder Leakage

STOP Leaking and START Living. The time is NOW.

Did you know that the average woman with bladder leakage spends approximately $750 per year on pads[1]? With the rising costs of healthcare, higher deductibles and inconsistent coverage it can be overwhelming to decide on a treatment option to STOP bladder leakage. Surgery is invasive, requires time off from work, and can cost $2000-$3000 out of pocket. Medications have significant side effects and typically cost more than $1000 per year out of pocket[2]. InTone™ is the most economical solution available whether or not you have insurance benefits.

- InTone is a revolutionary medical device designed to STOP female bladder leakage, **guaranteed**. InTone combines the most effective, non-invasive treatments for bladder leakage into a home-use device. No Pills, No Side-Effects, and No Surgery.

- Women may experience symptoms of leakage when they cough, laugh or exercise, indicating stress incontinence. Others may have symptoms of urinary frequency or urgency, often rushing to the restroom, indicating urge incontinence or over-active bladder. Our combination therapy and customizable probe ensure that your treatment is tailored to address your specific needs, no matter what your symptoms are.



Hand-Held Control Unit
Provides biofeedback and voice guided pelvic floor strengthening program

Insertion Unit
Muscle stimulation for building strength to stop symptoms of leakage when coughing, laughing or exercising. Stimulation also calms spasms of the bladder muscle that cause symptoms of urgency

Inflatable Probe
Provides customized fit and ensures deep muscle stimulation

- Home-based sessions are private and require just 12 minutes per day / 6 days per week for 14 or 26 weeks depending upon your diagnosis. After achieving your desired result, sessions are completed just 1-2 times per week.

- Voice-guided instruction, visual biofeedback and recorded session data assist you to complete your exercises most effectively. Muscle stimulation is modified throughout treatment to maximize gains. Muscle stimulation is modified throughout treatment to maximize gains.

- Our **performance guarantee** provides you with confidence in your treatment. If, after following the treatment protocol for your diagnosis, you have not demonstarted improvement, InControl Medical, LLC will refund you your out-of-pocket expense for the device.*
  You have nothing to lose but the pads.

*To learn more visit: www.incontrolmedical.com

Subak, et al (April 2006). The "Costs" of Urinary Incontinence in Women. Obstetrics and Gynecology. 107 (4) 908-916.

Shamliyan T, Wyman J, Kane RL. Nonsurgical Treatments for Urinary Incontinence in Adult Women: Diagnosis and Comparative Effectiveness. Comparative Effectiveness Review No. 36. (Prepared by the University of Minnesota Evidence-based Practice Center under Contract No. HHSA 290-2007-10064-I.) AHRQ Publication No. 11(12)-EHC074- EF. Rockville, MD. Agency for Healthcare Research and Quality. April 2012. Retrieved Febrary 5, 2013, from www.effectivehealthcare.ahrq.gov/reports/final.cfm.