Bonvadis® :

The Active Healing Engine

A Botanical Topical Cream
Clinically Proven to
Accelerate Chronic Wound Healing

(Research Code: ON101)

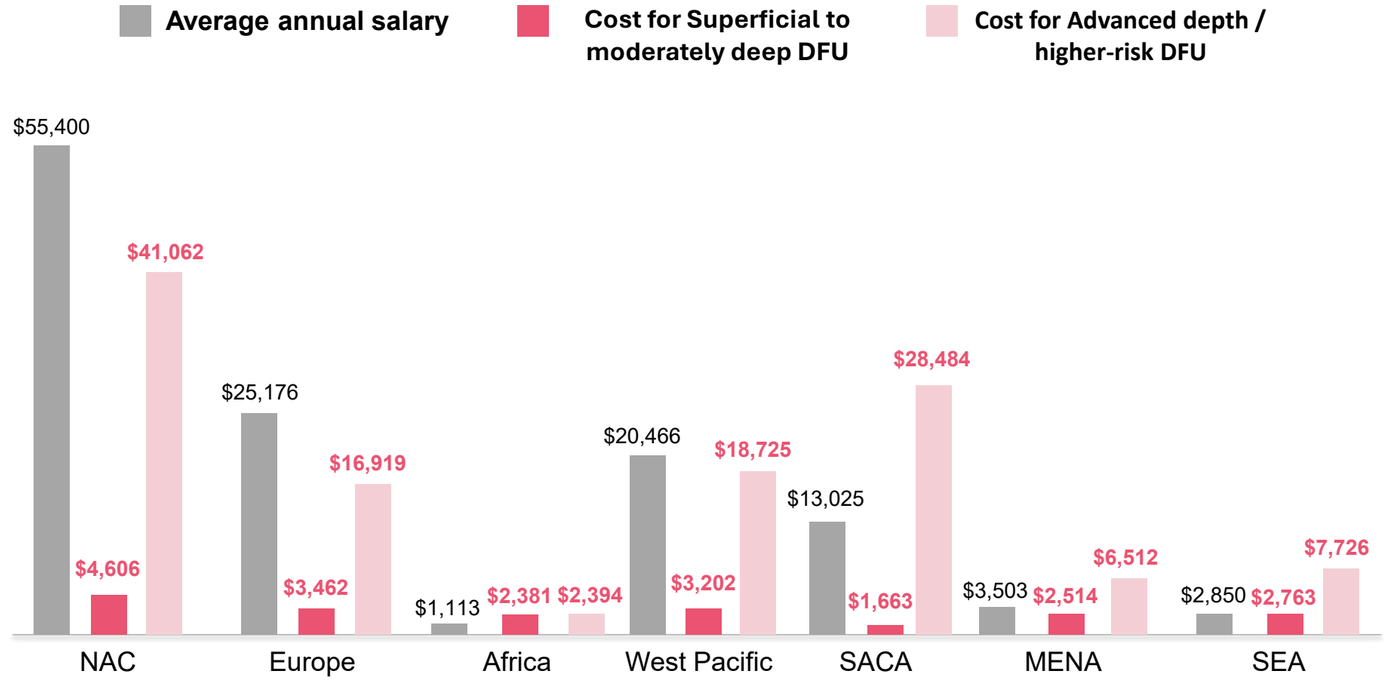


Heal Faster. Heal Better.

DFU – The Most Burdensome and Life-threatening Complication of Diabetes Mellitus

- DM [1] : 589 million patients worldwide (> 50% reside in Asia)
- DFU prevalence [2] : 6.3% (potentially 37 million patients worldwide)
- Incidence of Amputation due to DFU [3] : 31%
- Cost of DFU Treatment [4] :
  US$3,202 – 18,725 (in Asia)
  US$1,663 – 28,484 (in Latin America)
  US$4,606 - 41,062 (in North America & Caribbean)

Cost of DFU Treatment in 7 Regions



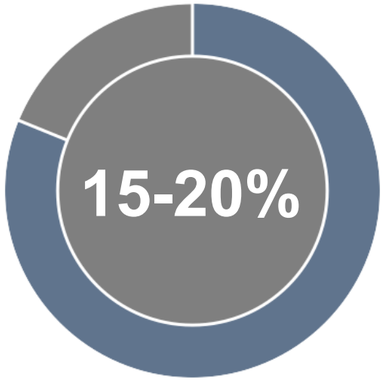
1. NAC: North America and Caribbean 2. SACA: South and Central America

[1] IDF Diabetes Atlas 11th Edition – 2025
[2] Annals of medicine, 49(2), 106–116.
[3] Int Wound J. 2024;21:e14931
[4] Diabetes Research and Clinical Practice 221 (2025) 112036

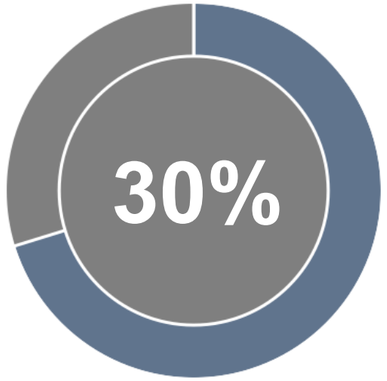
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The Challenge: Diabetic Foot Syndrome in Latin America

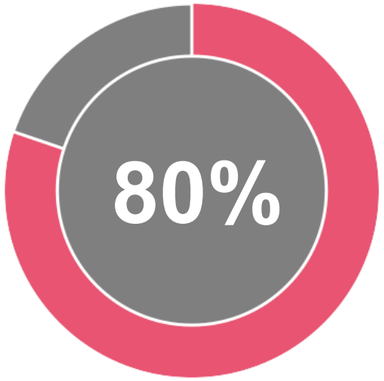
The “Real World” context involves complex genetic diversity (Hispanic, Pre-Columbian, African roots) and deep social inequalities. These factors lead to late clinical presentations, variable antibiotic sensitivities, and limited access to prosthetics.



Diabetics who develop ulcers



Patients facing amputation



Major amputations that are avoidable

Mortality post-amputation: 13-40% in Year 1; up to 80% by Year 5

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No. 1 Evidence-based Product with Natural Ingredients

Ranked among top 5 out of 23 global competitors :
ON101 is the only product that is natural, free of animal-origin ingredients, and clinically proven in the top 5

Bonvadis® (ON101) Evidence

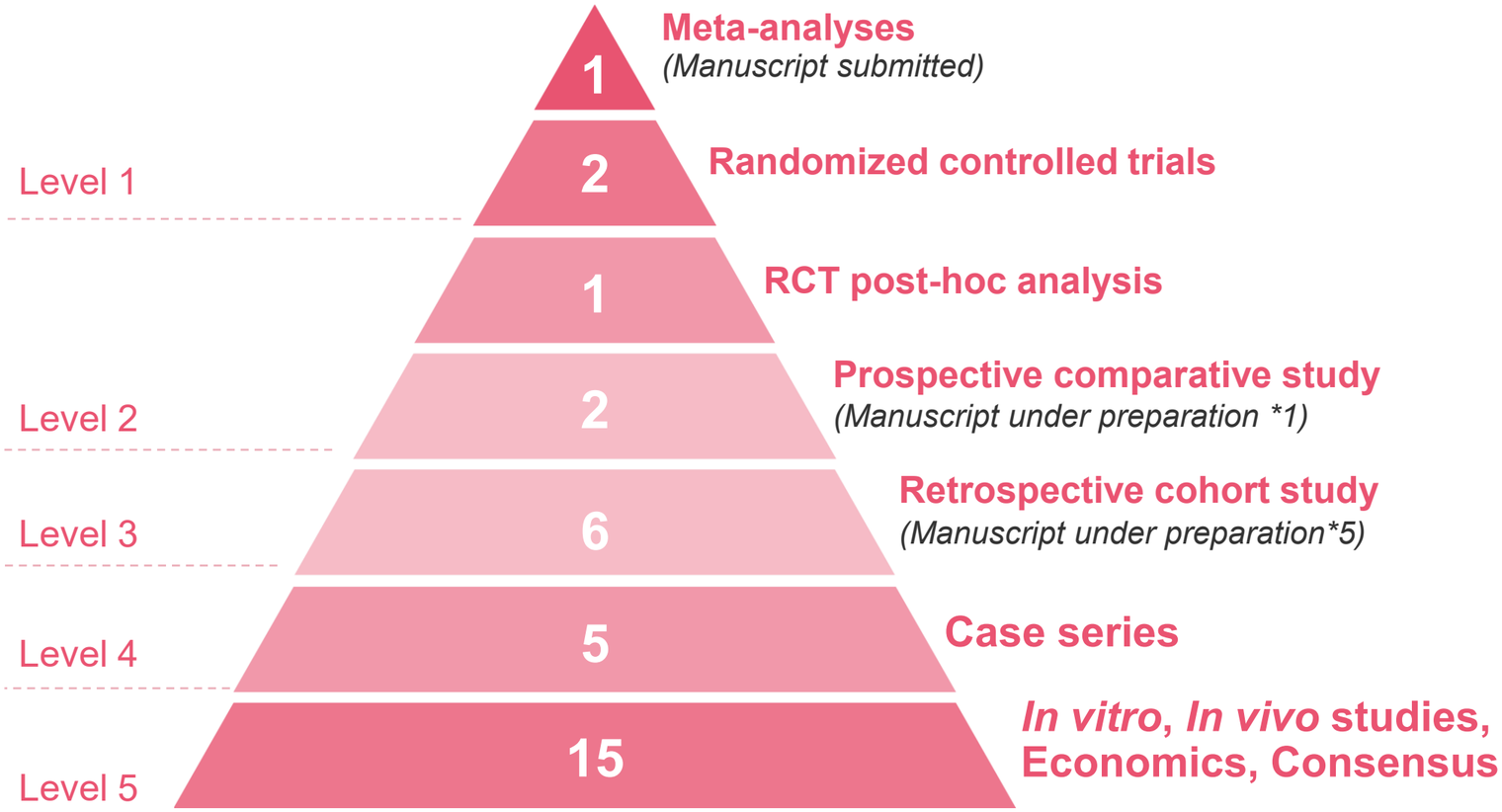
Evidence highlights

Clinical:
A multicentre Phase III RCT in DFU reported higher complete healing with ON101 versus an active dressing comparator at 16 weeks.

Scientific:
Preclinical/translational data support a macrophage-modulating mechanism linked to wound repair.

Health economics:
Published models (Taiwan, Singapore) suggest ON101 can be cost-effective.

Level of evidence



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Bonvadis®

No. 1 Evidence-based Product with Natural Ingredients

19 Manuscripts

43 Posters/Case Studies

	DFU	iDFU	Scar	Burn	RD	ET-associated toe ulcer	PI
Paper	6	1	1	1		1	
Poster	15	4		5	4		2
Total	21	5	1	6	4	1	2
	Stump Healing	HS	VLU	ECF	Necrotizing fasciitis	PV-associated chronic heel ulcer	
Paper							
Poster	1	1	2	1	1	1	
Total	1	1	2	1	1	1	

ONENESS

Multicenter RCT in Hard-to-Heal Wounds Complicated by Diabetes

Bonvadis®

JAMA Network | Open™

Protocol was designed following US FDA *Guidance for Industry*
Chronic Cutaneous Ulcer and Burn Wounds — Developing Products for Treatment

Original Investigation | **Diabetes and Endocrinology**

Effect of a Novel Marcrophage-Regulating Drug on Wound Healing in Patients With Diabetic Foot Ulcers

A Randomized Clinical Trial

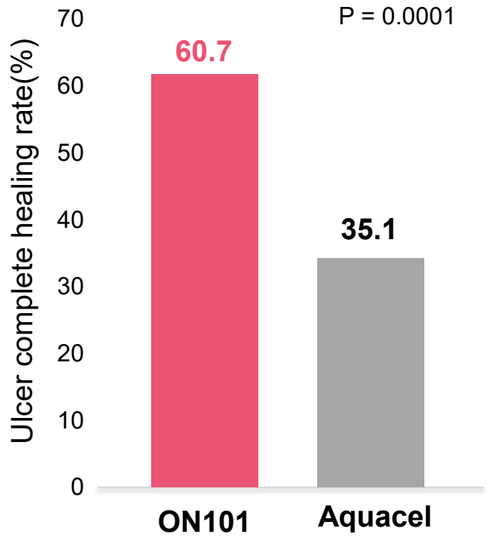
Yu-Yao Huang, MD, PhD; Ching-Wen Lin, PhD; Nai-Chen Cheng, MD, PhD; Shawn M. Cazzell, DPM; Hsin-Han Chen, MD; Kuo-Feng Huang, MD; Kwang-Yi Tung, MD; Hsuan-Li Huang, MD; Pao-Yuan, MD; Cherng-Kang Perng, MD, PhD; Bimin Shi, MD; Chang Liu, MD; Yujin Ma, MD; Yemin Cao, MD; Yanbing Li, MD; Yaoming Xue, MD; Li Yan, MD; Guang Ning, MD, PhD; Shun-Cheng Chang, MD

POPULATION

236 DFU Patients Randomized

SETTINGS／LOCATIONS

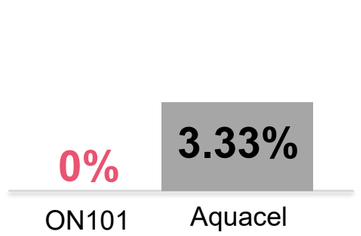
21 Medical / Clinical Centers in the US, China, and Taiwan



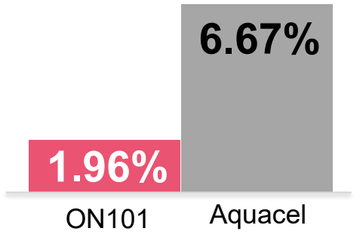
MRCT study[1]

Two-year follow-up

80% reduction in amputation rates



After healing, the major amputation rate was followed for two years



After healing, the major amputation rate was followed for two years

1. Source: Guidance for Industry Chronic Cutaneous Ulcer and Burn Wounds - Developing Products for Treatment https://www.fda.gov/media/71278/download
2. Huang YY, Lin CW, Cheng NC, et al. Effect of a Novel Macrophage-Regulating Drug on Wound Healing in Patients With Diabetic Foot Ulcers: A Randomized Clinical Trial. JAMA Netw Open. 2021;4(9):e2122607.

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Real-world Study in Hard-to-Heal Wounds Complicated by Diabetes

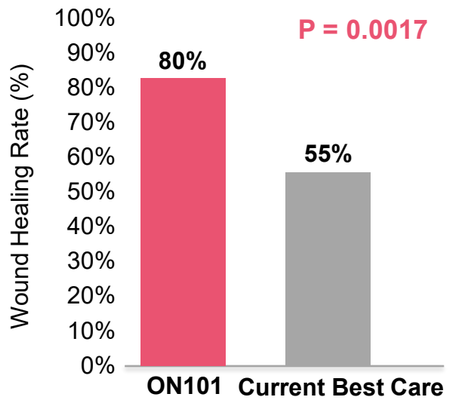
MAYO CLINIC PROCEEDINGS

Real-World Effectiveness and Dose-Response of ON101 Therapy for Healing of Diabetic Foot Ulcers

Shun-Cheng Chang, MD; Chen-Yi Yang, MS; Ching-Uen Huang, HN; Yi-Chun Wu, MD; Feng-Chou Tsai, MD, PhD; Hao-Chin Chang, BS; Jung-Hsuan Chang, OT; Xin-Yi Lin, RN; Yu-Fen Chiu, RN; Nai-Chen Cheng, MD, PhD (co-corresponding author); and Huang-Tz Ou, PhD (co-corresponding author)



Mayo Clinic Proceedings 2025

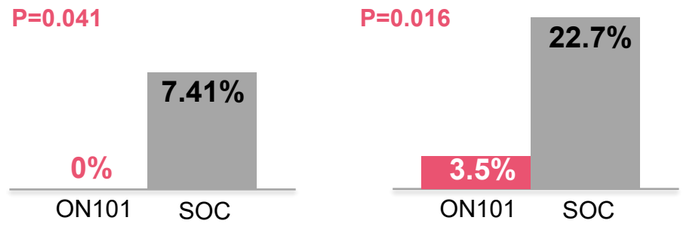


Current Best Care: Dermal regeneration template (DRT), NPWT, Skin graft or flap surgry, sliver foam dressing

Real-world Study[2]

One-year follow-up

85% reduction in amputation rates



After healing, the amputation rate was followed up for one year

Patients with high-risk DFU amputation were followed (ischemic infection population) one-year amputation rate

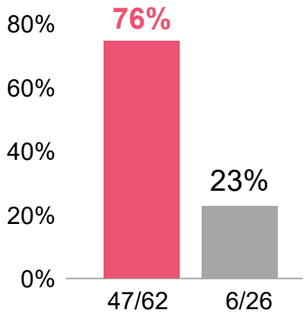
Healing rate of infected ulcers (within 4 months)

ON101

Current best care

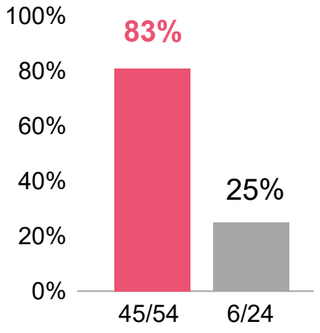
All infected with ulcers (n=88)

p<0.0001 (IDSA 2 & 3)



Mild Infected Ulcers (n=78)

p<0.0001 (IDSA 2)



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Bonvadis® :

Clinical Application SOP

Standard Operation Procedure &
Advanced Integration Guidelines



Heal Faster. Heal Better.

Indications

Bonvadis®

Indications

- Partial and full thickness wounds
- 1st and 2nd degree burns
- Pressure ulcers
- Diabetic ulcers
- Venous ulcers
- Post-surgical wounds

Clinically Proven To

- Achieve a Higher Complete Healing Rate
- Deliver a Shorter Time-to-Heal
- Reduce Outpatient/Bed-days
- Lower Amputation Risk

Important Note: Bonvadis has no antimicrobial effect. For infected wounds, concurrent use of an appropriate systemic antimicrobial agent is recommended.

Notel

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ONENESS

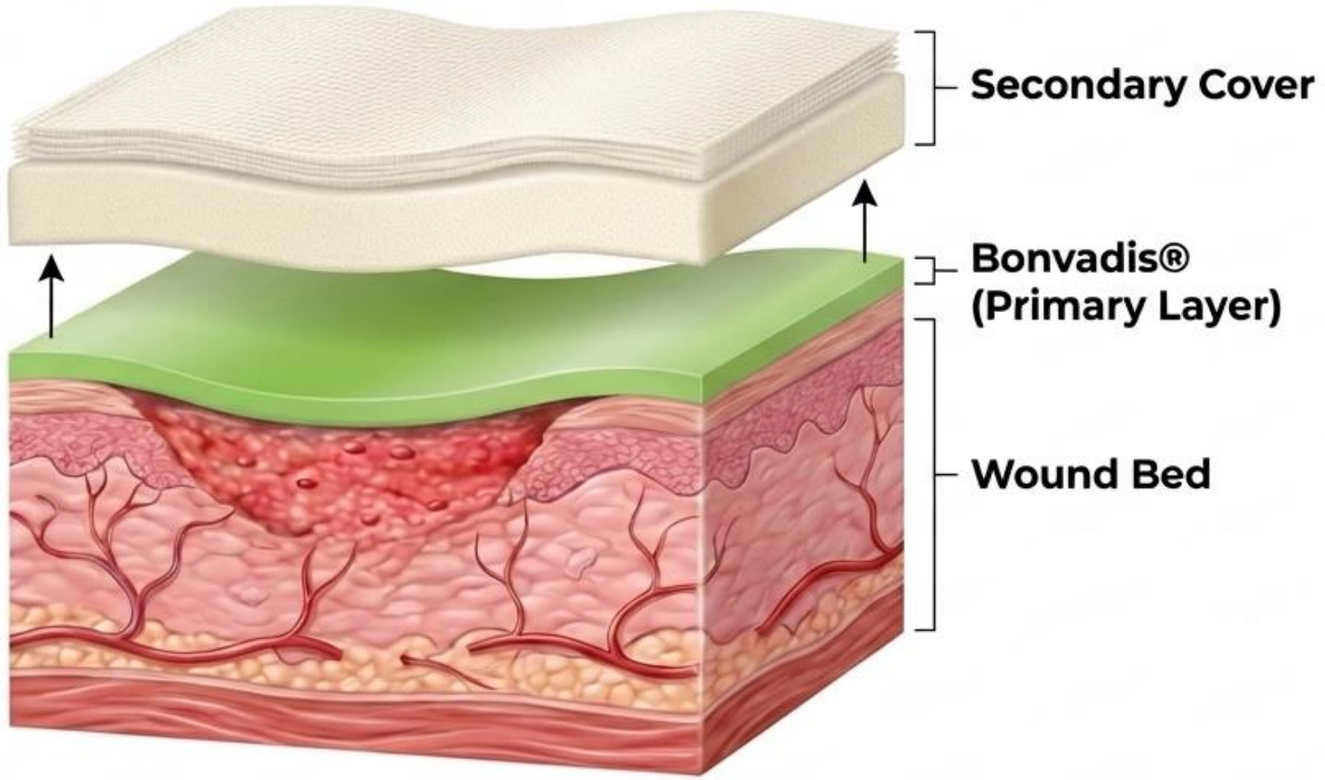
The Golden Rule: Primary Dressing Only

Bonvadis®

“ON101 must be applied as the PRIMARY DRESSING.”

It must be the strictly FIRST product in direct contact with the wound bed.

Concomitant use with other topical agents compromises efficacy.



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ONENESS

Simple Application & High Safety Profile



(Apply after debridement) (Squeeze onto wound bed) (Use secondary dressing)

Safety

- No systemic absorption
- No contraindications with systemic diabetes treatments
- Suita for long-term use

Specs

- Tube Size: 15g
- Storage: Room Temperature
- Shelf Life: Stable formulation



Standard Application Workflow

Bonvadis®

Step 1:
Prep & Debride



After debridement, Bonvadis can be applied immediately.

Step 2:
Saline Rinse



CRITICAL: If any topical anesthetic or chemical agent was used prior, rinse the wound bed thoroughly with saline to ensure no chemical interference.

Step 3:
Direct Application



Apply a thin layer of Bonvadis directly to the lesion as the primary contact dressing.

Step 4:
Secondary Dressing



Immobilize with clean gauze, hydrocolloid, or foam dressing using breathable tape.

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ONENESS

Adjuvant Compatibility Matrix

Bonvadis®

DO NOT COMBINE

- ✗ Any topical cream
- ✗ Any gel
- ✗ Any ointment
- ✗ Antimicrobials
- ✗ Hydrogels

Concomitant topical use physically blocks Bonvadis from the wound bed and compromises efficacy.

ALLOWED SECONDARY COVERINGS

- ✓ Foam dressing (Silver or Non-Silver)
- ✓ Gauze
- ✓ Alginate dressing
- ✓ Collagen dressing
- ✓ NPWT dressing
- ✓ Hydrocolloid dressing



Foam
(Silver or Non-Silver)



Gauze



Negative Pressure Wound Therapy (NPWT)

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ONENESS

Dosage & Usage

Bonvadis®

DOSING & QUANTITY GUIDELINES (Dosing Calculator)



1 tube (15 g)

~343 cm^2

coverage



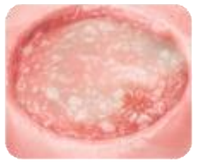
1 lentil – sized cream = 5cm^2

HOW TO SQUEEZE & SPREAD – ACHIEVING THE = 0.43 MM TRANSLUCENT FILM

1. **Estimate wound area first.** Then pick the number of lentil – sized amounts before squeezing from tube.
2. **Apply in small dots across** The wound – not a single central blob (approx. uneven pooling.)
3. **Spread evenly** with a sterile gauze in a gloved fingertip: using light, smooth strokes.

CORRECT

Translucent Film



Gently scrape back if needed

TOO MUCH

Pale Green Film



- Scrape back if rec.

DO NOT combine Bonvadis with:

- Topical creams or ointments
- Antimicrobial agents
- Gels
- Hydrogels

Concomitant topical use may compromise efficacy.

APPROVED secondary dressing:

- Foam dressing (Silver or non-silver)
- Alginate dressing
- NPWT dressing
- Gauze
- Collagen dressing

Apply secondary dressing only *after Bonvadis, as cover dressing.*

FREQUENCY: Reapply Bonvadis during dressing change as directed by physicians – QD, QOD, TIW, QW depending on exudate level.

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Usage Efficiency

Bonvadis®

The Scientific Foundation: Usage Efficiency

Bonvadis® Clinical Usage Efficiency: Duration Analysis

1. Evidence Base

Source: Mayo Clinic Clinical Trial Data (Phase 4)

Analysis Population: Patients with complete healing within 120 days (N=64)



MAYO CLINIC | MAYO CLINIC PROCEEDINGS | ORIGINAL ARTICLE

Real-World Effectiveness and Dose-Response of ON101 Therapy for Healing of Diabetic Foot Ulcers

Shun-Cheng Chang, MD; Chen-Yi Yang, MS; Ching-Uen Huang, HN; Yi-Chun Wu, MD; Feng-Chou Tsai, MD, PhD; Hao-Chin Chang, BS; Jung-Hsuan Chang, OT; Xin-Yi Lin, RN; Yu-Fen Chiu, RN; Nai-Chen Cheng, MD, PhD (co-corresponding author); and Huang-Tz Ou, PhD (co-corresponding author)

Abstract

Objective: To evaluate the real-world effectiveness and dose-response of ON101 , especially for high-risk patients with poor healing outcomes.

Patients and Methods: ON101 cream, a novel treatment for diabetic foot ulcers (DFUs), modulates the function of macrophages and accelerates the emergence and expansion of anti-inflammatory properties. In this study, 80 and 98 patients with DFU who were treated using ON101 and standard care with adjuvant therapy (denoted as nonuse), respectively, from January 1, 2020, to December 31, 2022, were identified from Taipei Medical University-Shuang Ho Hospital, Taiwan. The primary outcome was a complete healing event within 120 days following treatment initiation. Secondary outcomes included ulcer recurrence, amputation, and all-cause mortality within 1 year of follow-up. Cox proportional hazard model analysis was applied to determine the treatment effect on study outcomes. The dose-response of ON101 on healing outcomes was modeled using a regression analysis.

Results: Compared with nonuse, ON101 use significantly increased the complete healing outcome by 79% (HR, 1.79; 95% CI, 1.24 to 2.58), with an average of 1.85 ON101 tubes used per person with healed ulcers. Favorable healing outcomes were consistently shown in the analyses of high-risk patients. The dose-response analysis results suggest 23%, 107%, 33%, and 19% decreases in the ulcer size per additional ON101 tube use for all study patients and those with Wagner grade 1, 2, and 3 ulcers, respectively (all $P<.01$).

Conclusion: Promising healing outcomes following ON101 therapy at lower doses among real-world patients with DFU are corroborated, with a potential therapeutic benefit for clinically disadvantaged patients and practical feasibility for use in routine practice.

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2. Clinical Real-World Data



We analyzed the real-world healing process of 64 patients:

Average Wound Size: **4.23 cm^2**

Average Healing Time: **75 Days**

Average Total Usage: **1.85 Tubes**

3. Scientific Calculation Logic

Step A (Total Demand)

4.23 cm^2 × 2 times/day × 75 days =

634.5 cm^2 (Cumulative Area)

↓

Step B (Unit Efficiency)

634.5 cm^2 ÷ 1.85 Tubes ≈

343 cm^2 (Coverage per Tube)

↓

Step C (Duration)

343 cm^2 ÷ 8.46 (Daily Consumption) ≈

40.5 Days

CONCLUSION: Under standard treatment (BID), one tube supports approximately 6 weeks (40.5 days) of a complete treatment course.

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ONENESS

Combining NPWT with Bonvadis®

- Early Wound Bed Optimization
- Efficient Wound Closure

Wagner 3 or 4
Large DFUs



Surgery
Or

Etiological factor correction
(blood quality, blood quantity, bone factor)

After surgery/debridement, apply Bonvadis® to the ulcers

Few weeks (for wound bed optimization)



+



1) NPWT dressing is then put on to the ulcer and start suction.
2) NPWT dressing is changed every 2 to 3 days (without changing the can).
3) Bonvadis® is reapplied during the dressing change.

For Wound Closure

STSG

(If very large ulcer)



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EGYPT REAL-WORLD STUDY (n=23)

E-Poster: EN1355

ONENESS
Oneness Biotech Co., Ltd.

Powerful Adjunct to NPWT

- **100% wound closure (vs. 5.6% SOC+NPWT) by 16 weeks**
- **Early wound bed optimization leading 4.5 times shorter mean healing time than SOC+NPWT**
- **Faster granulation than SOC to reduce pre-NPWT preparation time**
- **Significantly reduced NPWT duration by 50%.**



ACCELERATED HEALING AND IMPROVED PATIENT OUTCOMES WITH ON101 TOPICAL CREAM AS AN ADJUNCT TO NPWT IN DIABETIC FOOT ULCERS: REAL-WORLD STUDY

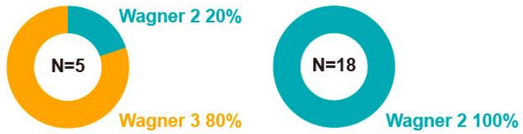
Yi-Wei Liao[1], Mohamed Sharkawy[2]
[1]Oneness Biotech Co., Ltd., Taipei, Taiwan R.O.C, [2]Vascular Surgery Department, Cairo University Hospital, Cairo, Egypt

Aim

Diabetic foot ulcers (DFUs) often require negative pressure wound therapy (NPWT) to reduce wound size and prepare the wound bed for closure or grafting, yet many ulcers fail to achieve timely closure. This study evaluated whether combining ON101 topical cream with NPWT improves healing outcomes compared with standard of care (SOC) plus NPWT.

Method

- **Study & Design:** Retrospective, observational study
- **Sample Size:** Total 23 patients with IDSA Grade 2 infected DFUs
- **Wagner grade:**



ON101 + NPWT SOC+NPWT

- **Ulcer size (Mean):** 60±49.4 cm^2 (ON101+NPWT) vs. 22.2±20.6 cm^2 (SOC+NPWT)
- **Clinical Outcomes:**
  - Healing rate
  - Time to closure
  - NPWT duration
  - Amputation rate
  - Rehospitalization rate
  - Mortality.

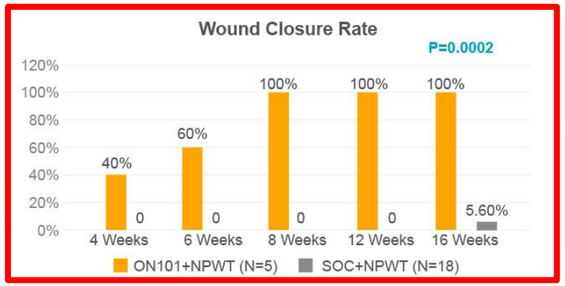


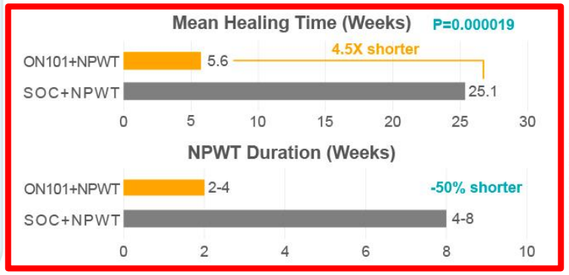
Treatment Protocol (ON101+NPWT group)



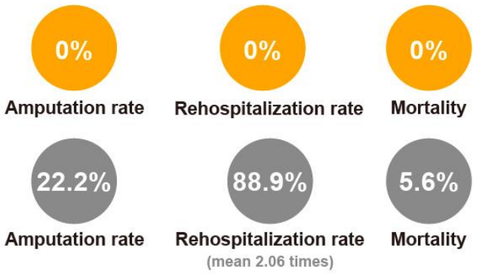
1. **Apply ON101 to the ulcers and leave it for 5 mins.**
2. NPWT dressing is then put on to the ulcer and start suction.
3. NPWT dressing is changed every 2-3 days (without changing the can).
4. ON101 is reapplied during the dressing change.

Results / Discussion:





1-Year Follow-Up



Conclusion:

In DFU patients receiving NPWT, adding ON101 enhances granulation and epithelialization, supporting faster healing, shorter treatment duration, and lower risks of amputation and morbidity. As an adjunct to NPWT, ON101 may streamline wound recovery, lessen healthcare burden, and improve patient quality of life, highlighting its clinical and economic values in advanced wound care.

BREMEN, GERMANY 6 - 8 MAY 2026 EWMA 2026 DE WU DEUTSCHER WUNDKONGRESS WundD·A·CH

Frequency: Chronic Wound

Bonvadis®

Wound Type	Grade/Stage	Exudate Level	Frequency
 **DFU** (Diabetic Foot Ulcers)	Wagner 1-3 (w/o OM)	Dry* (without eschar)	Q3D-QW
		Slight	Q3D
		Moderate	Q2D
		Copious	QD-Q2D
	Wagner grade 3 (w/ OM)	All Levels	QD
 VLU (Venous Leg Ulcers)	CEAP 6/6R	Dry* (without eschar)	Q3D-QW
		Slight	Q3D
		Moderate	Q2D
		Copious	QD-Q2D
 PI (Pressure Injuries)	NPIAP Stage 2, 3, 4	Dry* (without eschar)	Q3D-QW
		Slight	Q3D-QW (site dependent)
		Moderate	Q2D or TIW
		Copious	QD-Q2D

Suggested Secondary Dressings:

- **Not Infected:**

Standard Foam or

Gauze (QD-BID)

- **Infected:**

Antimicrobial agent

(Ag+ Foam)

Bonvadis

Instruction Videos (link)



Wagner Grade 1 Ulcer

Wagner Grade 1 ulcer located on the plantar side of the left hallux (big toe), associated with a diabetic foot.



Wagner Grade 2 Ulcer

Wagner Grade 2 ulcer located on the dorsum of the foot and the anterior tibia of the lower leg.



Dialysis Patient

The patient has a history of dialysis and peripheral artery disease. The right foot ulcer has persisted for six months without healing. Poor circulation (ABI 0.34). Local gangrene with severe infection in the right foot.



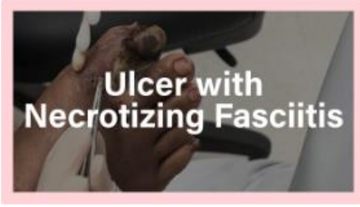
Ulcer with Biofilm

Ulcer associated with biofilm formation on the diabetic foot, requiring mechanical debridement and targeted topical therapy to overcome delayed healing and antibiotic resistance.



Ulcer Complicated with Osteomyelitis

The patient has been on hemodialysis for 8 years and has peripheral artery disease. The ulcer has persisted for 3 months without healing and has developed osteomyelitis of the calcaneus, requiring hospitalization for treatment.



Ulcer with Necrotizing Fasciitis

Ulcer on the right foot following necrotizing fasciitis, treated post-debridement and reconstructive surgery, with ongoing topical therapy to support healing of unclosed areas.



Plantar Ulcer

Plantar ulcers require debridement first to promote wound healing.



Non plantar DFU

Ulcer located on the tip of the left hallux, as well as on the toes and soles of both feet, characterized by external pressure, friction, and thickened calluses



Ischemic ulcer

The patient has a history of peripheral artery disease and heart disease. The ulcer had persisted for two years without healing.



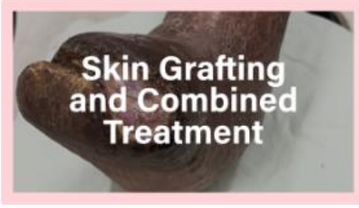
Bone-Exposed Ulcer

Ulcer with bone exposure located at the lateral aspect of the left foot following debridement and partial toe amputation due to osteomyelitis and peripheral arterial disease.



Tendon-Exposed Ulcer

Underwent multiple PTA and bypass surgeries over the past 10 years to restore blood supply. Postoperative $TcPO_2$ value was 11 mmHg, indicating limited blood supply improvement, making further PTA unfeasible. Underwent minor amputations of the 2nd, 3rd, and 4th toes on the left foot due to



Skin Grafting and Combined Treatment

The patient has a history of severe peripheral artery disease. Upon hospitalization, the ulcer was classified as Wagner Grade 3. Intravenous antibiotics were first administered to control the infection. A partial metatarsal resection was performed on the right foot.

V.I.P.D.F

Vessel	Infection	Pressure	Debridement	Fast Healing
Vessel assessment:	**Infection control:**	**Pressure assessment:**	**Debride:**	**Fast Healing:**
ABI≥0.6 Early diagnosis and intervention with **percutaneous angioplasty**, vascular reconstruction, or bypass surgery to prevent deterioration.	**Mild infection IDSA=2** Effective infection control is essential to prevent healing delay caused by infections.	Good offloading insoles or special diabetic foot offloading shoes can effectively prevent ulcers caused by inappropriate pressure on the feet.	Effective wound debridement is needed to remove necrotic tissue that hinders healing, allowing the wound to grow smoothly.	Fast healing can effectively reduce the risk of infection and **subsequent amputation.**

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How and When to Use Bonvadis (ON101) in Hard-to-Heal Wounds

Bonvadis®

1 Wound assessment

Anatomic Factors (Location),
Aggravating Factors
Tissue Destruction

2 Treatment & Debridement

Treatment for **Ischemic Infection, Neuropathy, Oedema**

3 Apply ON101

- Thin layer, full wound bed coverage
- Put foam dressing and drape for NPWT

4 Secondary dressing options

Gauze	Hydrofiber	Foam	Collagen	NPWT
Basic/minimal exudate	Moderate exudate	High exudate	Granulation support	Large/deep

5 Reapplication frequency (by care setting)

Outpatient	Nursing facility	Compression Tx	NPWT
3× per week	Daily	1-2× per week	2-3× per week
(1 clinic + 2 home health)	(with routine wound care)	(at dressing change)	(at dressing change)

6 Monitor and reassess

- Weekly wound measurements and photography
- Adjust protocol based on wound response

Healing?

No → **Re-evaluate**

Yes → **Follow-up**

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Bonvadis®

Keep Walking, Keep Going

Bonvadis Testing Program

2026/3/19 update

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DFU Case X

On Administration

- Age: ___ ; Gender: □ F or □ M
- Medical history: _____(Cardiovascular diseases, ESRD, hypertension…)
- Diabetes Duration : ___ years
- Ulcer Duration: ____ weeks
- ABI: ___
- Albumin: _____ g/dL
- $TcPO_2$: ___mmHg
- HbA1c: ___% (Value could be accepted within 3 months period)
- Current Smoker: □ Yes □ No
- Wagner Grade/Texas Grade: ___
- Infection State (IDSA Grade): □ Yes, Grade ___; □ No
- Location: _____(Plantar/Non-plantar)
- Offloading: □ Yes, Use_____(Total contact cast, Removable cast walkers) ; □ No

- Treatment history of the target ulcer prior to Bonvadis:

□ HBOT, □ NPWT,□ Flap Reconstruction, □ Cell Therapy, □ Skin Grafting, □ Artificial Dermis, □ Platelet-Rich Plasma (PRP), □ Other: _____ , □ Dressing: _____.

- Revascularization performed: □ Yes □ No

Upon Bonvadis (Initiation of Bonvadis application)

- Initiation Date: _____
- Wound Size: _____
- Secondary Dressing: _____(Gauze, Foam, Hydrofiber…)
- Debridement Method: _____(surgical, enzymatic, mechanical…)
- Application Frequency (Bonvadis): _____ times per week
- Medication (systematic antibiotics) :_____
- Wound Healed: □ Yes □ No
- Complete Healing Date: _____
- Quantity Used: ___ (g)x ___ (tube)

There is no strict requirement for the photo format, as we are able to standardize and annotate the images on our end to ensure consistency.						
Screening: 202X/ 0X/ XX Area: ___ x ____ x ____ Wagner Grade:	202X/ 0X/ XX Area: ___ x ____ x ____ Wagner Grade:	202X/ 0X/ XX Area: ___ x ____ x ____ Wagner Grade:	202X/ 0X/ XX Area: ___ x ____ x ____ Wagner Grade:	202X/ 0X/ XX Area: ___ x ____ x ____ Wagner Grade:	202X/ 0X/ XX Area: ___ x ____ x ____ Wagner Grade:	202X/ 0X/ XX Area: ___ x ____ x ____ Wagner Grade:

**Notice:

- Weekly photographic documentation until complete healing. Original files are preferred for annotation. Please label images as: [Date]-[Case ID]-[No.] (e.g., 260319-1-1).
- Bonvadis should be applied as the primary dressing (the first product in direct contact with the wound bed).
- Concomitant use with other topical agents is not recommended (antimicrobial, hydrogel, ointment, etc.)

- **Institution / Hospital:**
- **Attending Physician:**

Caso de DFU X

Al ingreso

- Edad: ___ ; Sexo: □ F o □ M
- Antecedentes médicos: _____(Enfermedades cardiovasculares, ESRD, hipertensión…)
- Duración de la diabetes: ___ años
- Duración de la úlcera: ____ semanas
- ABI: ___
- Albúmina: _____ g/dL
- $TcPO_2$: ___mmHg
- HbA1c: ___% (El valor puede aceptarse dentro de un período de 3 meses)
- Fumador actual: □ Sí □ No
- Grado de Wagner/Grado de Texas: ___
- Estado de infección (Grado IDSA): □ Sí, Grado ___; □ No
- Ubicación: _____(Plantar/No plantar)
- Descarga de presión: □ Sí, usar_____(Yeso de contacto total, bota removible de yeso) ; □ No

- Antecedentes de tratamiento de la úlcera objetivo antes de Bonvadis: □ HBOT, □ NPWT,□ Reconstrucción con colgajo, □ Terapia celular, □ Injerto de piel, □ Dermis artificial, □ Plasma rico en plaquetas (PRP), □ Otro: _____ , □ Apósito: _____.
- Revascularización realizada: □ Sí □ No

En el inicio de Bonvadis (Inicio de la aplicación de Bonvadis)

- Fecha de inicio: _____
- Tamaño de la herida: _____
- Apósito secundario: _____(Gasa, espuma, Hydrofiber…)
- Método de desbridamiento: _____(quirúrgico, enzimático, mecánico…)
- Frecuencia de aplicación (Bonvadis): _____ veces por semana
- Medicación (antibióticos sistémicos):_____
- Herida cicatrizada: □ Sí □ No
- Fecha de cicatrización completa: _____
- Cantidad utilizada: ___ (g)x ___ (tubo)

No existe un requisito estricto para el formato de la fotografía, ya que podemos estandarizar y anotar las imágenes internamente para garantizar la consistencia.						
Evaluación: 202X/ 0X/ XX Área: ___ x ____ x ____ Grado de Wagner:	202X/ 0X/ XX Área: ___ x ____ x ____ Grado de Wagner:	202X/ 0X/ XX Área: ___ x ____ x ____ Grado de Wagner:	202X/ 0X/ XX Área: ___ x ____ x ____ Grado de Wagner:	202X/ 0X/ XX Área: ___ x ____ x ____ Grado de Wagner:	202X/ 0X/ XX Área: ___ x ____ x ____ Grado de Wagner:	202X/ 0X/ XX Área: ___ x ____ x ____ Grado de Wagner:

**Aviso:

- Documentación fotográfica semanal hasta la cicatrización completa. Se prefieren los archivos originales para la anotación. Por favor, etiquete las imágenes como: [Fecha]-[ID del caso]-[N.º] (p. ej., 260319-1-1).
- Bonvadis debe aplicarse como apósito primario (el primer producto en contacto directo con el lecho de la herida).
- No se recomienda el uso concomitante con otros agentes tópicos (antimicrobiano, hidrogel, ungüento, etc.)

- **Institución / Hospital:**
- **Médico tratante:**

Caso de DFU X

Na admissão

- Idade: ___ ; Sexo: □ F ou □ M
- Histórico médico: _____(Doenças cardiovasculares, ESRD, hipertensão…)
- Duração do diabetes: ___ anos
- Duração da úlcera: ____ semanas
- ABI: ___
- Albumina: _____ g/dL
- $TcPO_2$: ___mmHg
- HbA1c: ___% (O valor pode ser aceito dentro de um período de 3 meses)
- Tabagista atual: □ Sim □ Não
- Classificação de Wagner/Classificação de Texas: ___
- Presença de infecção (Grau IDSA): □ Sim, Grau ___; □ Não
- Localização: _____(Plantar/Não plantar)
- Descarregamento: □ Sim, em uso_____(Gesso de contato total, botas removíveis para marcha) ; □ Não

- Histórico de tratamento da úlcera-alvo antes de Bonvadis:

□ OHB, □ TPN,□ Reconstrução com retalho, □ Terapia celular, □ Enxertia de pele, □ Derme artificial, □ Plasma Rico em Plaquetas (PRP), □ Outro: _____ , □ Curativo: _____.

- Revascularização realizada: □ Sim □ Não

No início do uso de Bonvadis (Início da aplicação de Bonvadis)

- Data de Início: _____
- Tamanho da Ferida: _____
- Curativo Secundário: _____(Gaze, Espuma, Hidrofibra…)
- Método de Desbridamento: _____(cirúrgico, enzimático, mecânico…)
- Frequência de Aplicação (Bonvadis): _____ vezes por semana
- Medicação (antibióticos sistêmicos) :_____
- Ferida Cicatrizada: □ Sim □ Não
- Data da Cicatrização Completa: _____
- Quantidade Utilizada: ___ (g)x ___ (tubo)

Não há exigência rigorosa quanto ao formato da foto, pois podemos padronizar e anotar as imagens internamente para assegurar a consistência.						
Triagem: 202X/ 0X/ XX Área: ___ x ____ x ____ Classificação de Wagner:	202X/ 0X/ XX Área: ___ x ____ x ____ Classificação de Wagner:	202X/ 0X/ XX Área: ___ x ____ x ____ Classificação de Wagner:	202X/ 0X/ XX Área: ___ x ____ x ____ Classificação de Wagner:	202X/ 0X/ XX Área: ___ x ____ x ____ Classificação de Wagner:	202X/ 0X/ XX Área: ___ x ____ x ____ Classificação de Wagner:	202X/ 0X/ XX Área: ___ x ____ x ____ Classificação de Wagner:

**Aviso:

- Documentação fotográfica semanal até a cicatrização completa. Os arquivos originais são preferencialmente utilizados para anotação. Por favor, identifique as imagens como: [Data]-[ID do Caso]-[Nº] (por exemplo, 260319-1-1).
- Bonvadis deve ser aplicado como curativo primário (o primeiro produto em contato direto com o leito da ferida).
- O uso concomitante com outros agentes tópicos não é recomendado (antimicrobiano, hidrogel, pomada etc.)

- **Instituição / Hospital:**
- **Médico Assistente:**