## DONJOY<sup>®</sup> ICEMAN<sup>®</sup> CLEAR<sup>3</sup>+ (Premium Edition)

The IceMan CLEAR<sup>3</sup>+ cold therapy unit helps reduce pain and swelling, speeding up rehabilitation. The IceMan provides extended cold therapy for a variety of indications and protocols as directed by a medical professional. Using DonJoy's patented **semi-closed loop recirculation system**, IceMan delivers more consistent and accurate temperatures than other cold therapy units.



Inlet temperature control & monitoring capability







# CLEAR Advantage



## Order Form for DONJOY<sup>®</sup> ICEMAN<sup>®</sup> CLEAR<sup>3</sup>+



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Together in Motion.

DJO, LLC | A DJO Global Company T 800.553.6019 F 760.683.6937 1430 Decision Street | Vista, CA 92081-8553 | U.S.A. BetterBraces.com/donjoy | service@betterbraces.com

BetterBRACES.COM

You confirm, as purchaser of the Cold Therapy Unit ("Unit") and/or Pads, that

you are a patient of, and currently under the treatment of the physician, listed under "Physician Authorization" on this Cold Therapy Order Form ("Form"). The Unit information contained in this Form is not a substitute for the Operating Instructions that are to be provided with the Unit You acknowledge that

you must carefully read and follow the Operating Instructions that are to be

provided with the Unit before your use. You acknowledge that your use of the

Unit must be under the supervision of a licensed healthcare professional who

will select your treatment temperature parameters. You acknowledge that you must immediately contact your physician for medical treatment advice if you experience any discomfort when using the Unit. Extreme care must be taken when using any cryotherapy as it may cause cold injury and/or frostbite when improperly used. You are aware that BetterBraces.com is a distributor for the manufacture of this product and assumes no responsibility for any injury caused due to malfunction, misuse, inappropriate application, or any other reason. BetterBraces.com cannot provide details as to the product's application or use, other than what is provided in the product instructions. developed by

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the manufacturer of this product.

00-1308 Rev A

# STEPS FOR ORDERING

**T** Fill out your credit card and shipping information below.

**2** Obtain your physician's authorization signature on this order form.

Fax or email this form with physician's information, 3 physician signature and credit card information to 1-760-683-6937 or service@betterbraces.com

### COLD THERAPY ORDER FORM

#### Fax form to 760-683-6937 or email to service@betterbraces.com

To receive the DonJoy® IceMan® CLEAR3+, complete this form. Your credit card will be billed for the unit plus shipping and applicable sales tax. This order must have a physician's authorization. For questions please call BetterBraces.com Customer Service at 800-553-6019 or email service@betterbraces.com

Name (as it appea	rs on credit ca	rd)	
Billing Address (as	it appears on	credit card)	
City		State	Zip
Shipping Address			
City		State	Zip
Email			
Phone			
PAYMENT – CREE	DIT CARD ON	<b>-Y</b> (check one):	
MasterCard	🖵 Visa	American Express	Discover

Credit Card Number

CVC [3 digits security code from back of card (4 digits on front of Amex)]

Expiration Date

#### Signature\*

\* My signature indicates that the information I have provided above is true and accurate. My signature also indicates that that the information included in the physician authorization section was completed by my health care provider and is being prescribed for me as part of a treatment protocol established by my provider. I further understand that BetterBraces.com will not bill my insurance company for this product and that I am responsible for payment in full. If I am a Medicare patient, I understand that Medicare does not reimburse for this product, that BetterBraces.com will not bill Medicare, and that I am responsible for payment in full.



DonJoy<sup>®</sup> IceMan<sup>®</sup> CLEAR<sup>3</sup>+

COLD THERAPY PRESCRIPTION

Shoulder Wrap-On Pad (Includes IceMan Cooler)



Ankle Wrap-On Pad (Includes IceMan Cooler)



(Includes IceMan Cooler)

Check Appropria Each Selection Includes IceMan* CLEAR <sup>3+</sup> Coole	an	Quantity	\$154.99 Each
🗅 Shoulder, S	11-1686		
🗅 McGuire Knee	11-1687		
🗅 Ankle	11-1689		
🗅 Universal	11-1682		
Shipping (see shipping	chart)		
	Total		

\*Note: Applicable sales tax will be applied to your order.

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I authorize the use of the DonJoy <sup>®</sup> IceMan <sup>®</sup> CL unit for this patient.				
Patient Name				
Patient Date of Birth				
Physician Name (please print)	NPI #			
Physician Name (please print) Physician Address	NPI #			
	NPI #			

prescribed product is medically indicated and necessary, and consistent with current accepted standards of medical practice and treatment of this patient's physical condition.

Sh	unσ	Chart
21.	1115	Chart

Standard Ground Shipping\$10	>
2nd Business Day*\$15	
Overnight-Next Business Day*\$20	)
*Orders must be received by 2:00 EST	

For additional DonJoy Cold Therapy products and other items, please visit www.BetterBraces.com.

