

## DONJOY® ICEMAN® 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.



DONJOY®



The Unit information contained in this Form is not a substitute for the Operating Instructions that are to be provided with the Unit. By signing the Cold Therapy Order Form on the reverse, you acknowledge that you must carefully read and follow the Operating Instructions that are to be provided with the Unit before your use. You also 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.



DJO, LLC | A DJO Global Company

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*Together in Motion™*

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DONJOY®

## THE CLEAR ADVANTAGE



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



00-1308 Rev B

# STEPS FOR ORDERING

- 1 Fill out your credit card and shipping information below.
- 2 Obtain your physician's authorization signature on this order form.
- 3 Fax or email this form with physician's information, physician signature and credit card information to 1-800.936.6569 or [order.entry@djoglobal.com](mailto:order.entry@djoglobal.com)

## COLD THERAPY ORDER FORM

Fax form to 7800.936.6569 or email to [order.entry@djoglobal.com](mailto:order.entry@djoglobal.com)

To receive the DonJoy® IceMan® CLEAR<sup>3+</sup>, 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 DJO Customer Service at 800-336-6569 or email [customer-care@djoglobal.com](mailto:customer-care@djoglobal.com)

Name (as it appears on credit card)

Billing Address (as it appears on credit card)

City State Zip

Shipping Address

City State Zip

Email

Phone

**PAYMENT – CREDIT CARD ONLY** (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 the information included in the physician authorization section was completed by my health care provider and that this product is being prescribed for me as part of a treatment protocol established by my provider. I further understand that DJO 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 DJO will not bill Medicare, and that I am responsible for payment in full.

## DonJoy® IceMan® CLEAR<sup>3+</sup> COLD THERAPY PRESCRIPTION

DJO Account 600010



☐ Shoulder Wrap-On Pad  
(Includes IceMan Cooler)



☐ McGuire Knee Wrap-On Pad  
(Includes IceMan Cooler)



☐ Ankle Wrap-On Pad  
(Includes IceMan Cooler)



☐ Universal Wrap-On Pad  
(Includes IceMan Cooler)

Check Appropriate Boxes Each Selection Includes an IceMan® CLEAR <sup>3+</sup> Cooler		Quantity	Price \$154.99
<input type="checkbox"/> Shoulder, S	11-1686		
<input type="checkbox"/> McGuire Knee	11-1687		
<input type="checkbox"/> Ankle	11-1689		
<input type="checkbox"/> Universal	11-1682		
Shipping (see shipping chart)			
Total			

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

## Physician Authorization

I authorize the use of the DonJoy® IceMan® CLEAR<sup>3+</sup> unit for this patient.

Patient Name

Patient Date of Birth

Physician Name (please print)

NPI #

Physician Address

Physician Phone Number

Physician Signature\*

Date

\* My signature above means that, in my judgment, the above prescribed product is medically indicated and necessary, and consistent with current accepted standards of medical practice and treatment of this patient's physical condition.

## Shipping Chart (per unit)

Standard Ground Shipping .....\$10  
2nd Business Day\* .....\$15  
Overnight-Next Business Day\* .....\$20

\*Orders must be received by 2:00 P.M. EST

For additional DonJoy Cold Therapy products and other items, please visit [www.BetterBraces.com](http://www.BetterBraces.com)

