DONJOY® ICEMAN® CLEAR3+ (Premium Edition)

The IceMan CLEAR³+ 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.







THF CLEAR ADVANTAGE



Order Form for DONJOY® ICEMAN® CLEAR3+



djoglobal.com/donjoy | customercare@djoglobal.com

Together in Motion.

DJO, LLC | A DJO Global Company T 800.336.6569 F 800.936.6569 1430 Decision Street | Vista, CA 92081-8553 | U.S.A.

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

Inlet temperature control & monitoring capability

00-1308 Rev B

STEPS FOR ORDERING

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

Physician Authorization

unit for this patient.

Patient Name

Patient Date of Birth

COLD THERAPY ORDER FORM

Fax form to 7800.936.6569 or email to order.entry@djoglobal.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 DJO Customer Service at **800-336-6569** or email **customercare@djoglobal.com**

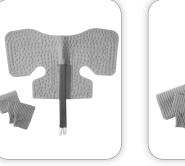
Billing Address (as	it appears on	credit card)	
City		State	Zip
Shipping Address			
City		State	Zip
Email			
Phone			
PAYMENT – CREI	DIT CARD ON	LY (check one):	
MasterCard	🖵 Visa	American Express	Discove
Credit Card Numb	ber		

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 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[®] CLEAR³+ COLD THERAPY PRESCRIPTION



Shoulder Wrap-On Pad (Includes IceMan Cooler)



Ankle Wrap-On Pad (Includes IceMan Cooler) Universal Wrap-On Pad (Includes IceMan Cooler)

Check Appropria Each Selection Include IceMan® CLEAR ³ + Coo		Quantity	Price \$154.99
🖵 Shoulder, S	11-1686		
🗅 McGuire Knee	11-1687		
🗅 Ankle	11-1689		
🗅 Universal	11-1682		
Shipping (see shippin	g chart)		
	Total		

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

DJO Account 600010

McGuire Knee Wrap-On Pad (Includes IceMan Cooler)	

Physician Name (please print) NPI # Physician Address Physician Phone Number Physician Signature* Date

I authorize the use of the DonJoy[®] IceMan[®] CLEAR³+

* 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 2nd Business Day [*] Overnight-Next Business Day [*] *Orders must be received by 2:00 P.M. EST	\$15

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

