YOUR PHYSICIAN HAS PRESCRIBED THE AIRCAST® CRYO/CUFF™ *IC* AS PART OF YOUR RECOVERY PROGRAM.

The therapeutic effects of compressive cold are recognized by practitioners, as well as patients, as a useful method for reducing the symptoms of pain and swelling while providing comfort following trauma or surgery.

Further, the use of compressive cold has been proven to reduce the need for narcotics and to help accelerate rehabilitation.

WHAT IS THE AIRCAST® CRYO/CUFF™ *IC*?

The Cryo/Cuff™ *IC* is a post-operative device that provides automated compression and cold therapy to help treat swelling and pain.

AIRCAST®

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 GLOBAL

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Together in Motion™

00-0823 Rev D

AIRCAST®

Order Form for AIRCAST® CRYO/CUFF™ *IC*

DJO GLOBAL

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**

Aircast® Cryo/Cuff™ *IC*
COLD THERAPY PRESCRIPTION

DJO Account 600010

COLD THERAPY ORDER FORM

Fax form to 800.936.6569 or email to order.entry@djoglobal.com

To receive the Cryo/Cuff™ *IC*, 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**

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 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.

❑ Knee Cryo/Cuff
(Includes Cryo/Cuff *IC*)

❑ Shoulder Cryo/Cuff
(Includes Cryo/Cuff *IC*)

❑ Ankle Cryo/Cuff
(Includes Cryo/Cuff *IC*)

❑ Back/ Hip/ Rib Cryo/Cuff
(Includes Cryo/Cuff *IC*)

Check Appropriate Boxes Each Selection Includes an Cryo/Cuff™ IC Cooler		Quantity	Price $119.99
❑ Cryo/Cuff ™ IC w/ Ankle	51A10A		
❑ Cryo/Cuff ™ IC w/ Knee, Med	51A11A		
❑ Cryo/Cuff ™ IC w/ Knee, Large	51A11B		
❑ Cryo/Cuff ™ IC w/ Shoulder **(+$10)**	51A12A		
❑ Cryo/Cuff ™ IC w/ Back, Hip and Rib	51A14A		
Shipping (see shipping chart)			
Total			

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

Physician Authorization

I authorize the use of the AirCast® Cryo/Cuff™ *IC* 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 Aircast® Cryo/Cuff™ Therapy products and other items, please visit www.BetterBraces.com

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