

DONJOY® ICEMAN® CLEAR³ (Standard 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. It utilizes DonJoy's patented **semi-closed loop recirculation system**, which maintains more consistent and accurate temperatures than other cold therapy units, in a **preset configuration**.



IceMan CLEAR³



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 the manufacturer of this product.



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Together in Motion™



THE CLEAR ADVANTAGE



Order Form for
DONJOY® ICEMAN® CLEAR³



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 **1-760-683-6937** 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 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 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® IceMan® CLEAR³ COLD THERAPY PRESCRIPTION



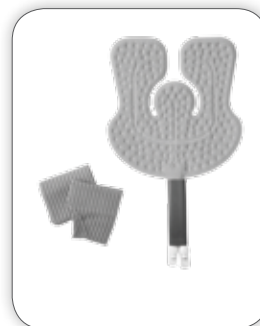
Shoulder Wrap-On Pad
(Includes IceMan Cooler)



McGuire Knee Wrap-On Pad
(Includes IceMan Cooler)



Ankle Wrap-On Pad
(Includes IceMan Cooler)



Universal Wrap-On Pad
(Includes IceMan Cooler)

Physician Authorization

I authorize the use of the DonJoy® IceMan® CLEAR³ 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.

Check Appropriate Boxes		Quantity	\$149.99 Each
Each Selection Includes an IceMan® CLEAR ³ Cooler			
<input type="checkbox"/> Shoulder, S	11-1635		
<input type="checkbox"/> McGuire Knee	11-1636		
<input type="checkbox"/> Ankle	11-1638		
<input type="checkbox"/> Universal	11-1634		
Shipping (see shipping chart)			
Total			

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

Shipping 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.

