

X DOB: _____ Surgery Date: _____
 X Email: _____
 Phone #: _____
 Address: _____

- X Right Knee M17.11
 Left Knee M17.12
 Right Hip M16.11
 Left Hip M16.12

PATIENT ORIENTATION CHECKLIST

X **PATIENT INFORMATION:** (hereinafter "Patient")
 Name: _____

SYSTEM INFORMATION:
 RENTAL UNIT Serial Number: _____

 You **must** call Game Ready Patient Care at **1.800.859.8206** to confirm the following before using the equipment*:

PATIENT CONFIRMATION OF RECEIPT OF EQUIPMENT AND DOCUMENTATION	
Initial	Patient received Game Ready System per prescription including Control Unit, Wrap(s), and User Manual. IMPORTANT: If you have not received a User Manual, STOP and call Customer Service at 1.888.426.3732, Option 3.
AS	Patient confirmed a clear understanding of health care practitioner's prescribed use of the Game Ready System. (i.e. the prescription Rx)
AS	Patient received information on and understands the contraindications associated with use of System. (<i>The contraindications may be found in the User Manual and the Wrap Use Guide.</i>)
AS	Patient received information on and understands the general warnings and cautions associated with the use of the System. (<i>The general warnings and cautions may be found in the User Manual and the Wrap Use Guide.</i>)

PATIENT CONFIRMATION OF USE INSTRUCTIONS	
Initial	Patient understands and demonstrates safe placement of the Game Ready System.
AS	Patient understands the setup process, including filling the reservoir with water and ice.
AS	Patient understands and demonstrates safe operation of the Game Ready System.
AS	Patient understands how to properly adjust the User Interface settings to those prescribed by the health care practitioner.
AS	Patient understands and demonstrates proper application/connection of the Wrap and Connector Hose.
AS	Patient understands and demonstrates proper care of all components, including, but not limited to the Control Unit, the Wrap, the connector hose, and the AC adapter and power cord. (<i>Care instructions may be found in the User Manual.</i>)
AS	Patient understands how to properly clean the Game Ready System.

PATIENT ACKNOWLEDGEMENT: I acknowledge that all of the above are true to the best of my knowledge.

X Patient Signature: _____ X Date: _____
 PERSONAL REPRESENTATIVE or RESPONSIBLE PARTY SIGNATURE: (use if Patient has a legal guardian or is under the age of 18)
 Authorized Personal Representative Name (print): _____ Relationship to Patient: _____
 Authorized Personal Representative Signature: _____ Date: _____
 (Signature required below only if training was provided in person or via the telephone by a CoolSystems, Inc. Representative):
 CoolSystems, Inc. Representative Signature: _____ Date: _____

* If an authorized Game Ready Representative is providing your In-Service in person, you do not need to call Patient Care. Please provide this completed and signed form directly to them.