Physician's Prescription

☐ Surgical ☐ Non-Surgical

Patient Name:	Patient Date of Birth (DOB):
ICD-10 Code:	Do Not Substitute (DAW)

PRODUCT: Intermittent Pneumatic Compression and Cold Therapy System (Game Ready®); including Control Unit and Wrap

I am prescribing an Intermittent Pneumatic Compression and Cold Therapy System (Game Ready) from CoolSystems due to my patient's needs and diagnosis. I certify that the Game Ready device is medically indicated and in my opinion, is reasonable and necessary with reference to the accepted standards of medical practice and treatment of this patient's condition.

Initial Rental - Length of Need: ☐ 7 Days ☐ 14 Days ☐ 21 Days ☐ 28 Days ☐ Other _____
Rental Extension – Length of Need: ☐ 7 Days ☐ 14 Days ☐ 21 Days ☐ 28 Days ☐ Other _____
Sale / Purchase Requested: ☐ Sale of Game Ready Device & Wrap ~ Est. Length of Need: _____

☐ I have instructed the device for use as outlined in the Control Unit User's Manual

☐ Use the following setting: _____ times/day use _____ pressure for _____ minutes **OR** program #_____
[frequency] [no, low, med, high] [time] [1–6]

PRODUCT: Game Ready System, complete w/Wrap

WRAP:

☐ Ankle	☐ Articulated Knee	☐ Back	☐ Cooling Vest	☐ Cryo Cap	☐ C-T Spine
☐ Elbow	☐ Flexed Elbow	☐ Full Leg Boot	☐ Half Leg Boot	☐ Hand/Wrist	☐ Knee
☐ LEFT Shoulder	☐ RIGHT Shoulder	☐ LEFT Hip/Groin	☐ RIGHT Hip/Groin		

Traumatic Amputee Wraps: ☐ LEFT Above-Knee ☐ RIGHT Above-Knee ☐ Below-Knee ☐ Utility

Physician's Letter of Medical Necessity

I am writing on behalf of my patient that you approve coverage for the Game Ready intermittent pneumatic compression and cold therapy system. I consider this device medically necessary, and I am prescribing this device for the purpose of musculoskeletal injury treatment and/or post-operative treatment.

The Game Ready System combines cold and compression therapies. It is intended to treat post-surgical and acute injuries to reduce edema, swelling and pain where cold and compression are indicated.

RICE (Rest, Ice, Compression, and Elevation) has long been used to treat injury and assist in rehabilitation following orthopedic surgery. Game Ready combines the two most difficult-to-manage aspects of the RICE regimen (Ice and Compression) by offering adjustable cold and intermittent compression in one easy-to-use system.

The anatomically-designed wraps are engineered for all major body parts, and utilize intermittent pneumatic compression and fluid circulation technology, simultaneously delivering circumferential cold and compression to most major joints.

My post-operative and rehabilitative care plan calls for the use of the Game Ready device to reduce pain and swelling. Failure to control pain not only causes unnecessary suffering, but can delay my patient's recovery. Therefore, need for compliance with the required treatment is high. I certify that the above-described product is medically indicated and in my opinion, is reasonable and necessary. Given the safety and effectiveness of this unit, I prescribe and recommend that the patient use this device daily. Without use of this device, there is potential to cause unnecessary delay in the patient's recovery.

If you have any questions, please feel free to contact my office.

Physician Signature:			Date:
Physician Printed Name:			NPI:
Physician Address:			
City:	State:	Zip Code:	Phone: