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 GST 46 361 024

FORTNIGHTLY RENTAL FORM **GAME READY**®

The Game Ready System has been prescribed for you because your doctor believes that it will assist in your recovery. Accepting your doctor's recommendation is your choice.

Your health insurance company may or may not cover all or part of the cost of the use of this product.

It is your responsibility to check with your insurance company to determine their reimbursement policy.

If your insurance does not cover the use of this product, you will be responsible for all payments.



Watch instructional videos on how to fit your Game Ready system at:

www.youtube.com/user/PattersonMedicalANZ



TAX INVOICE

DATE: _____

RENTER NAME: _____

ADDRESS: _____

PHONE: _____

DIAGNOSIS: _____

RENTAL PAYMENT OPTIONS: *(please complete)*

Credit Card (AMEX payments attract a fee of 3% of the transaction total)

Other _____ (pls specify)

Invoice (for account holders only, pls specify PO# below)

Purchase Order #: _____

CARD No: _____

EXPIRY DATE: _____ / _____ Ccv: _____

CARD HOLDER NAME: _____

SIGNATURE: _____

PAYEE DETAILS *(if applicable)*

COMPANY: _____ CLAIM #: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

RENTAL APPROVED: Yes *(specify start date) ___/___/___*
 No

AUTHORISING PERSON: _____

POSITION: _____

SIGNATURE: _____

CODE	NAME OF EQUIPMENT	SERIAL NO.	FORTNIGHTLY RENTAL FEE
GMR-550500	Game Ready Control Unit + Single Hose + 1 Wrap		\$280.00+GST
WRAP REQUIRED:			
TOTAL			

GAME READY CONTRAINDICATIONS

Compression Therapy (vasopneumatic compression) using Game Ready™ or any compression therapy device should not be used in patients:

- Who are in the acute stages of inflammatory phlebitis in the affected region.
- Who have any history or risk factors for deep vein thrombosis or pulmonary embolus (including prolonged bed rest) in the affected region (to be treated with this therapy).
- Who have significant arteriosclerosis or other vascular ischemic disease in the affected region.
- Who have a condition in which increased venous or lymphatic return is not desired in the affected extremity (eg, carcinoma).
- Who have decompensated hypertonia in the affected region.



Cryotherapy using Game Ready or any cryotherapy device should not be used in patients:

- Who have significant vascular impairment in the affected region (eg, from prior frostbite, diabetes, arteriosclerosis or ischemia).
- Who have acute paroxysmal cold hemoglobinuria or cryoglobulinemia.

GAME READY SYSTEM RENTAL PROGRAM *Please read the following conditions*

- The rental fee will be debited from the nominated account/credit card starting on the first day of rental.
- **Rental fees will continue to be charged if Patterson Medical is not contacted regarding the termination of your rental.**
- If you decide to purchase the Game Ready System within seven (7) days after the completion of your rental period, payments made will be credited against the full cost of the device.
- If the equipment is no longer required please notify Customer Service on 0800 102 090 seven (7) days before the rental period ends. A courier pick up time will be given to you. Product must be in its original packaging.
- **If any equipment is damaged, lost or stolen, you are responsible for repair or replacement. Replacement cost will be charged at equipment replacement price.**
- This is not a rent to buy contract.
- At the end of your agreement, provided you do not have any outstanding rental payments, you may:
 - (1) Return the goods with no further obligation
 - (2) Continue to rent the goods
 - (3) Patterson Medical may allow you to make an offer to purchase the equipment.
- **If there is a problem with the equipment, please contact Customer Service on 0800 102 090.**

I have read and understood the above and agree to the conditions outlined. I have received instruction of fitting and use of the Game Ready device and wrap. I understand I will be using the device unsupervised at home.

Signature: _____ Name: _____ (please print) Date: _____

PRESCRIBED BY _____
(please print name)

Signature _____ Date _____

MEDICAL NECESSITY _____