

PATIENT ORIENTATION CHECKLIST

THIS FORM IS REQUIRED FOR ALL DROP SHIP RENTALS

PATIENT INFORMATION:

Name: _____

SYSTEM INFORMATION:


SN: _____

TELEPHONE IN-SERVICE:

Training provided by: _____

Signature: _____

Date: _____

 You **must** call Game Ready Patient Care at **1.800.859.8206** to confirm the following before using the equipment. If an authorized Game Ready Representative is providing your In-Service in person, you do not need to call Patient Care. Please skip to the next page.

PATIENT CONFIRMATION OF RECEIPT OF EQUIPMENT AND DOCUMENTATION

- 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.
- Patient confirmed a clear understanding of health care practitioner’s prescribed use of the Game Ready System. (i.e. the prescription Rx)
- Patient received information on and understands the contraindications associated with use of System.
(The contraindications may be found in the User Manual and the Wrap Use Guide.)
- Patient received information on and understands the general warnings and cautions associated with the use of the System.
(The general warnings and cautions may be found in the User Manual and the Wrap Use Guide.)

PATIENT CONFIRMATION OF USE INSTRUCTIONS

- I understand and demonstrate safe placement of the Game Ready System.
- I understand the setup process, including filling the reservoir with water and ice.
- I understand and demonstrate safe operation of the Game Ready System.
- I understand how to properly adjust the User Interface settings to those prescribed by the health care practitioner.
- I understand and demonstrates proper application/connection of the Wrap and Connector Hose.
- I understand and demonstrate 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. *(Care instructions may be found in the User Manual.)*
- I understand 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.

Patient Signature: _____ 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: _____

PATIENT ORIENTATION CHECKLIST

THIS FORM IS REQUIRED FOR ALL IN-SERVICES PROVIDED IN PERSON

PATIENT INFORMATION:

Name: _____

SYSTEM INFORMATION (used for In-Service):

SN: _____

IN PERSON IN-SERVICE:

Training provided by: _____

Signature: _____

Date: _____

Organization Name: _____

PATIENT RENTAL EQUIPMENT AND DOCUMENTATION

- Patient has been trained on the Game Ready System including Control Unit, Wrap(s), and User Manual.
- Patient confirmed a clear understanding of the general operation and proper use of the equipment
- Patient received information on and understands the contraindications associated with use of System.
(The contraindications may be found in the User Manual and the Wrap Use Guide.)
- Patient received information on and understands the general warnings and cautions associated with the use of the System.
(The general warnings and cautions may be found in the User Manual and the Wrap Use Guide.)

PATIENT CONFIRMATION OF USE INSTRUCTIONS

- I understand and demonstrate safe placement of the Game Ready System.
- I understand the setup process, including filling the reservoir with water and ice.
- I understand and demonstrate safe operation of the Game Ready System.
- I understand how to properly adjust the User Interface settings to those prescribed by the health care practitioner.
- I understand and demonstrates proper application/connection of the Wrap and Connector Hose.
- I understand and demonstrate 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. *(Care instructions may be found in the User Manual.)*
- I understand 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.

Patient Signature: _____ 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: _____