



**STOP HERE / PLACE THE FOLLOWING DOCUMENTS IN A SAFE PLACE UNTIL THE ARRIVAL OF YOUR GAME READY SYSTEM, WRAP(S), AND ACCESSORIES.**

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You will be required to complete and submit the Patient Orientation Checklist once you have received your Game Ready System and concluded your training. You must submit the completed form to Game Ready Patient Care (or an authorized representative) before beginning your therapy. You may submit your completed Patient Orientation Checklist the following ways:

**EMAIL**

Email a scanned /  
photographed copy of the  
completed form to  
[patientcare@gameready.com](mailto:patientcare@gameready.com)

**IN PERSON**

If you have received training in  
person from an authorized  
representative, please provide to  
them the signed form.

**NEED HELP?**

Call a Patient Care Specialist at

**1.800.859.8206**

For troubleshooting or technical support,  
please call Customer Service at

**1.888.426.3732, Option 3**

## Patient Orientation Checklist

**PATIENT INFORMATION:** (hereinafter "Patient")

Name: \_\_\_\_\_

**SYSTEM INFORMATION:**

GAME READY RENTAL UNIT Serial Number: \_\_\_\_\_

**PATIENT CONFIRMATION OF RECEIPT OF EQUIPMENT AND DOCUMENTATION**

Initial	Patient received Game Ready System per prescription including Control Unit, Wrap(s), and User Manual. <b>IMPORTANT: If you have not received a User Manual, STOP and call Customer Service at 1.888.426.3732, Option 3.</b>
	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. <i>(The contraindications may be found in the User Manual and the Wrap Use Guide.)</i>
	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>

 Telephone In-Service Training is available by calling 1.800.859.8206.

**PATIENT CONFIRMATION OF USE INSTRUCTIONS**

Initial	Patient understands and demonstrates safe placement of the Game Ready System.
	Patient understands the setup process, including filling the reservoir with water and ice.
	Patient understands and demonstrates safe operation of the Game Ready System.
	Patient understands how to properly adjust the User Interface settings to those prescribed by the health care practitioner.
	Patient understands and demonstrates proper application/connection of the Wrap and Connector Hose.
	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>
Yes	<b>Patient has opted to Self-Train</b> and understands Game Ready Telephone In-Service Training is available by calling <b>1.800.859.8206</b> and Game Ready Customer Service is available by calling <b>1.888.426.3732, Option 3</b> should any questions arise.
No	

**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: \_\_\_\_\_

*(Signature required below only if training was provided in person or via the telephone by a CoolSystems, Inc. Representative):*

CoolSystems, Inc. Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Email a scanned / photographed copy of this page once completed and signed to [patientcare@gameready.com](mailto:patientcare@gameready.com)