



**Ausmedic Australia Pty Ltd** trading as Performance Health ANZ  
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**GAME READY® RENTAL FORM**

**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.**



Scan code to watch instructional videos on how to fit your Game Ready system or visit [http://lead.me/GR-how\\_to](http://lead.me/GR-how_to)



**Return completed forms by: EMAIL [sales@performhealth.com.au](mailto:sales@performhealth.com.au) | FAX 1300 766 473**

**PATIENT NAME:** \_\_\_\_\_

**DATE OF SURGERY:** \_\_\_\_\_ **SURGEON'S NAME:** \_\_\_\_\_

**PHYSIOTHERAPY PRACTICE (IF APPLICABLE):** \_\_\_\_\_

**PREFERRED DATE OF DELIVERY:** \_\_\_\_\_

**DELIVERY ADDRESS:** \_\_\_\_\_

**SUBURB:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **PCODE:** \_\_\_\_\_

**PHONE: ( )** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

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

Please note that the Game Ready rental unit will be packaged and despatched in an oversized box with the following dimensions:

**WEIGHT: 9 KG**  
**PACKAGING BOX: 47CM x 54CM x 31CM**

Delivery by Star Track courier service.  
 Signature is required upon delivery.

NAME OF EQUIPMENT	SERIAL No.	FORTNIGHTLY RENTAL	MONTHLY RENTAL
Game Ready Control Unit + Single Hose + 1 Wrap		<input type="checkbox"/> \$299.00*	<input type="checkbox"/> \$550.00*
Rental Extension per Week	<input type="checkbox"/> \$110.00* x No. of weeks: _____ =		
<b>WRAP OPTIONS</b> (Select 1 wrap of your choice, additional wraps can be purchased or rented)	<b>SIZE (Please tick)</b>		
Assembled Knee Wrap - Straight	<input type="checkbox"/> One size (17" long, 32" circumference at top, 24" circumference at bottom)		
Assembled Knee Wrap - Articulated (for use with CPM)	<input type="checkbox"/> One size fits all		
Assembled Ankle Wrap	<input type="checkbox"/> <b>L</b> (fits Men's 6-11; Women's up to 13)	<input type="checkbox"/> <b>XL</b> (fits Men's shoe sizes 12-18)	
Assembled Shoulder Wrap - Left	<input type="checkbox"/> <b>M</b> (fits chest sizes 33"-45")	<input type="checkbox"/> <b>L</b> (fits chest sizes 40"-55")	
Assembled Shoulder Wrap - Right	<input type="checkbox"/> <b>M</b> (fits chest sizes 33"-45")	<input type="checkbox"/> <b>L</b> (fits chest sizes 40"-55")	
Assembled Elbow Wrap - Straight	<input type="checkbox"/> One size fits all		
Assembled Elbow Wrap - Flexed	<input type="checkbox"/> One size fits all		
Assembled Hand and Wrist Wrap	<input type="checkbox"/> One size fits all		
Assembled Cooling Vest	<input type="checkbox"/> One size fits all (unisex)		
Assembled Back Wrap	<input type="checkbox"/> One size (fits waist sizes 22"-55")		
Assembled Hip/Groin Wrap - Left	<input type="checkbox"/> One size (fits waist sizes up to 72" with extender strap)		
Assembled Hip/Groin Wrap - Right	<input type="checkbox"/> One size (fits waist sizes up to 72" with extender strap)		
Assembled Half Leg Boot Wrap	<input type="checkbox"/> One size (fits Men's shoe sizes 6-11, Women's up to 13)		
Assembled Full Leg Boot Wrap	<input type="checkbox"/> <b>M</b> (inseams 27"-33", user height 5'2"-6', shoe size <8M   5-9.5W)	<input type="checkbox"/> <b>L</b> (inseams 33"-37", user height 5'10"-6'8", shoe size 8-12M   9.5-12W)	

\*Price quoted include standard freight and GST.

**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 credit card starting on the first day of rental. Charges appear as Ausmedic Australia Pty Ltd.
- Rental fees will continue to be charged if Performance Health ANZ is not contacted regarding the termination of your rental, or if the Game Ready System is returned outside of the rental period.
- If you decide to purchase the Game Ready System within seven (7) days after the completion of your monthly 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 1300 473 422 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) Performance Health ANZ may allow you to make an offer to purchase the equipment.
- If there is a problem with the equipment, please contact Customer Service on 1300 473 422.

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: \_\_\_\_\_

Payment Details MUST BE COMPLETED prior to rental despatch.

**PAID DIRECT BY RENTER**

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

**RENTER NAME:** \_\_\_\_\_

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

**EMAIL ADDRESS:** \_\_\_\_\_

**RENTAL PAYMENT OPTIONS:** *(please complete)*  
 Credit Card     Other \_\_\_\_\_ *(pls specify)*

**CARD No:** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_\_ / \_\_\_\_\_ **Ccv:** \_\_\_\_\_

**CARD HOLDER NAME:** \_\_\_\_\_

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

**PAID BY INSURANCE / HOSPITAL**

**CLAIM No / PURCHASE ORDER No:** \_\_\_\_\_

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

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

**BILLING ADDRESS:** \_\_\_\_\_

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

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

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

**AUTHORISING PERSON:** \_\_\_\_\_

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

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

**PRESCRIPTION**

**PRESCRIBED BY:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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