



**For questions, contact:**  
**Jordan Tinnell in our Physical Therapy department at:**  
**(502) 897-1790**

**The only insurance types that will cover the cost of the IceMan are:**

**Workers Compensation & Motor Vehicle Accident.**

**The patient must pay the amount upfront and submit a request for reimbursement to their MVA or W/C carrier. MVA & W/C insurance companies require a prescription for cost reimbursement.**

**The IceMan cold therapy unit helps reduce pain and swelling, speeding up rehabilitation. The IceMan provides extended cold therapy for a variety of indications and protocols as directed by a medical professional. It utilizes DonJoy's patented semi-closed loop recirculation system, which maintains more consistent and accurate temperatures than other cold therapy units, in a present configuration.**



**4130 Dutchman's Ln.  
 Suite 101  
 Louisville, KY 40207  
[www.louortho.com](http://www.louortho.com)**



***DonJoy IceMan Clear Cold Therapy Unit***



**Order Form**

# DonJoy IceMan

The therapeutic effects of continuous cold are recognized by practitioners, as well as patients, as a useful method for reducing the symptoms of pain and swelling while providing comfort following trauma or surgery.

Further, the use of continuous cold has been proven to reduce the need for narcotics and helping accelerate rehabilitation.

The IceMan is a post-operative device that uses a cooler, pump, ice and water to treat swelling and pain.

## Ordering Instructions

Please circle the desired attachment and fill out the patient information section.

Take order form to the Physical Therapy department in Suite 101

Cost is **\$110.00**, and can be paid with cash, check, or credit/debit card. The IceMan will be dispensed upon payment.

**NO REFUNDS OR RETURNS  
UNLESS THERE'S A  
MANUFACTURER'S DEFECT**

## Attachment Options

### Knee



### Universal Shoulder/Knee



### Ankle/Foot



## Patient Information

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

D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Hm. Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**\*My signature indicates that the information I have provided is true, accurate, and that I am responsible for payment in full.**

\_\_\_\_\_  
\*Signature