

Warranty Submission Date: _____

PO#: _____

Company Name: _____

Patient Name: _____

Prosthetist: _____

DOB: _____

Email: _____

Telephone: _____ Fax: _____

A. ORIGINAL ORDER INFO

1. ORIGINAL PO#: _____

2. DATE ORDERED: _____

3. DESIGN NAME: _____

4. LENGTH: _____

5. WIDTH:

Small

Standard

Large

6. LEFT or RIGHT:

Left

Right

7. AK or BK:

AK

BK

8. SPORT or RACER BACK:

Sport

Racer

9. MAIN COLOR: _____

10. DETAIL COLOR: _____

11. ADJUSTMENTS:

No.

Polycentric/ 4 Bar Knee

Through Knee (TK)

Rotational Plasty

Symes

Release Valve

Revo Socket

Osseo (only available for AK)

B. REMEASURE:

1. LENGTH: _____

2. WIDTH: _____

C. CONFIRM THAT YOU HAVE ATTACHED PHOTOS OF THE FOLLOWING:

Back of Prosthesis WITHOUT Cover

Front of Prosthesis WITHOUT Cover

Side of Prosthesis WITHOUT Cover

Back WITH Cover on

Front WITH Cover on

Side WITH Cover on

D. WHAT HAPPENED?

Cracked Cover

Doesn't Fit

Wrong Color

Paint Flaw

Other, please explain: _____

E. DIAGNOSIS:

Cracked because it is too long

Cracked because width is too small

Cracked from impact

Basic wear & tear

Wrong size ordered (doesn't fit because it is too big/small)

Missing information

Design flaw

Damaged during clinician adjustment

Other: _____

F. RESOLUTION:

Our error. We will remake cover at no cost.

Clinician ordering error. We will remake cover at 50% off of the original price (must be same design & color).

Prorated warranty. We will give you _____% off of the original price (must be same design & color).

No replacement.

Other: _____

ADDITIONAL NOTES: _____