

Trulife Limited Warranty • Prosthetic and Orthotic Warranty Card

Trulife warrants each of its orthotic devices, foam products, and prosthetic components, subject to conditions below, to be free from defects in material and workmanship under normal use, service, and proper installation, for the time period specified below:

Orthotics

Item Type	Models	Warranty Period	Warranty Begins From
Orthotic Devices	All models, including foam products	Ninety (90) days	Date of install/first use
Foot Walkers	All models	Forty-five (45) days	Date of initial fitting
Knee Braces	Hardware	One (1) year	Date of initial fitting
Knee Braces	Soft goods (pads, straps, liners)	Ninety (90) days	Date of initial fitting/first use
Carbon Fiber AFO	Matrix, Matrix Max, Matrix Curve	One (1) year	Date of initial fitting
Custom Sure Steps	All models	Ninety (90) days	Date of initial fitting
Orthotic Repairs/Adjustments	All repairable models (Knee Braces, Customer Sure Step)	Ninety (90) days	Date of repair/adjustment

Prosthetics

Item Type	Models	Warranty Period	Warranty Begins From
Prosthetic Components	All models (except feet, PVA, & repairs)	Two (2) years	Date of installation
Prosthetic Feet	All feet (except Catalyst 9, Catalyst, Cadence, and Foamer Feet)	Keel: Two (2) years Cosmesis: One (1) year	Date of installation
Prosthetic Foamer Feet	SFF130, 139, 141, 135, 136, 138, 110, 120, 132, 142, 144	One (1) year	Date of installation
Cadence HP	SHF190, 191, 193	Keel: Two (2) years Cosmesis: Six (6) months	Date of installation
Catalyst 9, Catalyst	SHF290, 291, 293, 390, 391, 393	Keel: Three (3) years Cosmesis: Six (6) months	Date of installation
PVA Film	T09xxx	Thirty (30) days	Date of purchase
Prosthetic Repairs/Refurbs	All repairable models	Ninety (90) days	Date of repair/refurb

If failure of a purchased product occurs during this period because of a defect in material or workmanship, upon satisfaction of the conditions set forth below, Trulife will replace, repair, or refund the product at no charge to the original retail purchaser. Your sole and exclusive remedy, as the original retail purchaser, in the event of a defect is found, is expressly limited to replacement or repair of the product, although Trulife may elect to refund, not to exceed the purchase price, rather than replace or repair the product. Replacement products are warranted for only the remainder of the original warranty period. Warranty is nontransferable and may only be exercised by the original purchaser.

The limited warranty contained herein is in lieu of all other written or express warranties. Any implied warranty, including the implied warranties of merchantability or fitness for a particular purpose, is limited in length to the duration of this limited warranty. Some states do not allow limitation on how long an implied warranty lasts, so the above limitation may not apply to you.

Trulife's sole responsibility is to replace, repair, or refund as stated herein, and Trulife shall not be liable for any special, indirect, or consequential damages including loss of time, inconvenience, loss of the use of the product, or commercial losses. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

Trulife maintains confidentiality with any and all information supplied on the registration card.

Keep this portion of card for your records. Invoice # _____ Date _____
Return Authorization # _____

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Trulife Limited Warranty • Registration Card

Thank you for purchasing this Trulife product. Should you find it necessary to return this product, please fill in this warranty card and return it with the proof of purchase and the product to the point of purchase, to be sent to Trulife. If purchased directly from Trulife be sure to obtain a Return Authorization number from Trulife. Failure to do so will result in delay of processing your request.

Item purchased from	Trulife <input type="checkbox"/> Yes <input type="checkbox"/> No	Invoice # _____
	Other (please specify) _____	
Patient ID #	_____	
Practitioner Name	_____	
Contact Name	_____ Tel # _____	
Product Code	Size _____	Side _____ Keel _____ <small>(Specify size for prosthetic feet only)</small>
Installation Date	_____ Failure Date _____	
Patient Information	Weight _____	Activity level (check one)
	Serial # _____	<input type="checkbox"/> Low (walking with aid)
	Bilateral User <small>(If applicable)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Med-Low (limited walking)
		<input type="checkbox"/> Med (walking only)
	Limb Length <small>(Specify for prosthetic products only)</small> <input type="checkbox"/> AK <input type="checkbox"/> BK	<input type="checkbox"/> Med-Hi (light sports, jogging)
		<input type="checkbox"/> High (running, active sports, farming, or equivalent)
	<input type="checkbox"/> SYMES	
Reason for return	_____	
Activity at time of incident	_____	
Return Authorization #	_____	

Trulife Limited Warranty • Additional Conditions On Applicability

Trulife shall have no obligation under the limited warranty until and unless the following additional conditions are met:

- The product is installed and maintained under the direction of a Certified Medical Practitioner and in accordance with the published installation and user guide;
- The product is returned to the original place of purchase along with this warranty card filled out completely and proof of purchase;
- Trulife has not tested and does not warrant the use of its products in combination with products not manufactured by Trulife. It is possible that such use may cause failure and/or breakage, which may cause injury.

NOTE: Products returned to Trulife become the sole property of Trulife and may be destroyed during analysis or evaluation. Product returned to Trulife will not be sent back to the purchaser, purchaser's agent, or patient if destructive evaluation methods are used.

Certification

This warranty card must be signed by the Certified Medical Practitioner in charge.

I certify that all conditions of the warranty, including the additional conditions on applicability of limited warranty, are met.

Signature _____ Date _____

Contact Trulife Customer Service for a Return Authorization number:

US Customer Service International Customer Service Canada Customer Service
Tel: 888.878.1238 Fax: 888.878.1237 Tel: 360.697.5656 Fax: 360.697.6843 Tel: 800.267.2812 Fax: 613.392.4139

PLEASE INCLUDE THIS PORTION OF THE CARD WITH PRODUCT WHEN SUBMITTING THE RETURN

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