

LOWER LIMB PRODUCT RETURNS FORM

RTA N° _____

In order to for us to process your product return, please ensure that this form is completed with the relevant information.

Note – Without this information the return cannot not be processed & delays may occur.

Customer _____ Original Sales Order Number _____

Product Code _____ Product Name _____

Serial, LOT, Batch N° (As applicable) _____ QTY _____

Date Fitted _____ Date Failed _____

Action Required: (Please Identify) Costed Repair Warranty Repair Credit Replacement

Product within warranty period: Yes No

Patient Weight KGS _____ Activity Level (Please Identify) LOW MODERATE HIGH

Limb Length: (Please Identify) AK- Short BK Medium BK Long BK- Syme

For the replacement of a Foot under warranty, please supply the new Purchase Order Number: _____

Please answer relevant question below:

Has the patient's activity changed? YES NO

Has the patient's prescription changed? YES NO

Has the failure resulted in any injury? YES NO

Has the part failed through normal use? YES NO

Has the part failed in the clinic / at fitting / on receipt? YES NO

Reason for the Return: No longer required Incorrectly Ordered Upgrade
 Not required following agreed 3rd party supplier trial period
Note: Ensure product is removed from patient within specified trial period
 Issue / Fault (Please describe below)

Description of Issue / Fault:
