

Ref: Data Protection Act - Please note that information received will only be used for the internal processing of this warranty claim.

Field marked with (*) must be filled out

Customer

Customer*

Prosthetist / Mgr *

Telephone*

E-mail*

User

Weight* Activities*

Side*


Left Right

Level of Amp.*

Under knee Over knee

Other

Activity Level*



0 1 2 3 4

Product information

Product Name*

Serial number*

Date Fitted*

Date Failed*

Reason for repair, please describe the problem