

Warranty form

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

All fields must be filled out.

Customer

Customer

Prosthetist / Mgr

Telephone

E-mail

User

Weight Activities


Side

Left Right

Level of amputation

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: