

Warranty Claim Form

ACS Request N^o

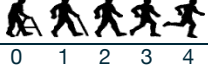
Please label the returned product with this ACS Request number.

Your Ref. N^o

ORIGINATOR OF REPORT:

Customer / Distributor: Facility / Clinic:

PATIENT DETAILS

Name/Pat.Ref.no: Weight: lbsAmputation Side: Level of Amp: Occupation:
 Activity Level: 
Impact Level (Feet): Activities/Sports:

DETAILS OF LIMB INVOLVED

Full Limb Prescription:

PRODUCT HISTORY

Original Purchase Order / Invoice No: Purchase Date:

DETAILS OF CLAIM

Product Code: Description: SN / Batch Code: Date Fitted: Date Failed: Reason for Return: Prosthetist / Mgr: Date: Contact Tel: Fax: Email: In the event of your warranty claim being rejected, we will not return the item to you, unless you ✓ the box:

Obtain ACS Request No. and Return Parts to:

ACS Group, Blatchford Inc., 1031 Byers Road, Miamisburg, Ohio 45342, USA.

Phone: 800-548-3534 ext. 311

Fax: 800-929-3636

Email: acs@blatchfordus.com