

Warranty Claim Form

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

ACS Request N^o

Please label the returned product with this ACS Request number.

Your Ref. N^o

ORIGINATOR OF REPORT:

Customer / Distributor:

Facility / Centre:

PATIENT DETAILS


Non-identifiable Patient Reference:

Weight: kgs

Amputation Side:

Level of Amp:

Occupation:

Activity Level: 
 0 1 2 3 4

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. from:

Customer Services, Blatchford Products Ltd., 11 Atlas Way, Atlas North, Sheffield, S4 7QQ, UK .Tel. No.+44 (0) 114 263 7900 acs@blatchford.co.uk

Return parts to:

ACS Group, Blatchford Products Ltd., Unit D, Antura, Kingsland Business Park, Basingstoke, RG24 8PZ, UK. Tel. No.+44 (0) 256 316655