

GENERAL PROSTHETICS RETURN FORM

Customer:_____	Acc No:_____	Date:_____
Contact Person:_____	Contact No:_____	
Patient Identifier:_____	Invoice No:_____	
Return E-mail Address:_____	Serial No:_____	

Fill in separate form for broken Feet, Liners and Knees

SISA NO	PRODUCT CODE	QTY	REASON FOR SENDING BACK	DESCRIPTION IF BROKEN

1. Do you need feedback regarding the return claim: YES / NO
2. Please insert Returns Advice Note with the RSSA number and a copy of the invoice inside the box with the items you are returning
3. Please return items before warranty period has expired. Unused return products must be in its original packaging
4. E-mail ossursa@ossur.com to arrange pick-up for warranty/defective items once the item has been prepared (as set out above) for return

NOTE: Return pick-ups are consolidated. Please contact us if not picked up after 7 working days after first notification