

LINER RETURN FORM

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

QUESTIONNAIRE

1. Activity Level of patient
2. Date of amputation
3. How long has the patient been using this Liner
4. If applicable, what was the previous liner type used
5. If applicable how long did the previous liner last approximately
6. Has the patient recently been fitted with a new socket
7. Socket Design
8. Socket Interface
9. Socket Recesses / Frame Cut-Outs present
10. Application of stump socks
11. Elevated Vacuum
12. Does the patient don an interface sheath underneath the silicone liner YES / NO
13. Reason for sending back liner

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