

## MECHANICAL KNEE RETURN FORM

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

### Product Function

Bladder failure  
Bumper failure  
Hydraulic failure  
Leakage  
Noise  
Poor stability control  
Resistance too low  
Sealing failure  
Too soft  
Lock/Release failure  
Play issues  
Resistance too high  
Too easy release  
Moisture damage

### Packaging

Packaging failure  
Lable failure

### Warranty Repair

Warranty repair  
Out of warranty repair (1 - 5 years)  
Out of warranty repair (5+ Years)\*\*  
\*\*Repair not guaranteed\*\*

### Trial Knee

Trial knee returned

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](mailto: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\*