

## FEET RETURN FORM

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

### Noise

Noise  
Too soft  
Too Stiff  
Clicking noise  
Whistle noise  
Shock unit is not smooth  
Play issues  
Shock unit is too flexible

### Broken Component

Pump failure  
Blade bolt broken  
Bottom blade broken at bolts  
Bottom blade broken at heel  
Bottom blade broken at toe  
Middle blade broken  
Pyramid is broken  
Top blade is broken

### Packaging

Packaging failure  
Lable failure

### Wear and Tear

Foot cover wear and tear  
Carbon/Glass fibre wear and tear  
Shock wear and tear

### Product Assembly

Adapter loose  
Missing component  
Part separation  
Wrong component  
Pyramid is loose  
Foot cover does not fit the foot  
Blade bolt loose  
Toe piece bond failure  
Wrong product in box

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\*