

## PROPRIO FOOT RETURN FORM

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

### Product Function

Noise  
Ankle stuck  
Error in heel height calibre  
Error in level ground gait rec.  
Errors in movement  
Keypad/Button failure  
Unexpected shut down of unit

### Electronic Failure

Bolt failure - Heel attachment  
Charging failure  
Power supply failure  
Power failure  
Charger cable damaged

### Parts Detached

Loose item  
Part separation

### Trial Knee

Trial knee returned

### Broken Component

Cover failure  
Carbon/Glass Fibre failure

### Packaging Failure

Wrong product in box  
Label failure  
Missing item

### Wear & Tear

Ankle slip at heel strike  
Structural wear  
Play issues

### Warning Signals

Alarm sound and/or Vibrator not working  
Lights on battery not working  
Warning signal from unit

### Service

12 month service  
20 month service

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\*