

Mechanical Knee

Trial Request Form

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

PLEASE NOTE TRIAL WILL ONLY BE MADE AVAILABLE FOR A MAXIMUM TRIAL PERIOD OF 14 (FOURTEEN) DAYS

Trial Item Request: _____

Trial Information

We deliver the trial unit 2 to 3 days prior to the start of test. Please book patient after you received confirmation that there is a trial unit available. **Limited trial units available.**

Planned fitment date: _____ Trial end date: (14 days) _____

Activity level: _____ Side: _____ Amputation Height: _____

Weight: _____

Trial Foot Required: YES / NO Foot Request: _____

CAT: _____ Foot Size: _____ Foot Cover: Beige / Brown

Foot side: Left / Right

Fitting support request from Össur specialist: YES / NO

*Please note delivery period 14 working days. By completing this form it is understood that you accept that the trial period for all relevant products is valid for only 14 days. Upon completion of the 14-day trial period, you have a further 7-day grace period within which to return all trial products. Should the product(s) not be returned to Össur within the grace period, penalties may be incurred.