

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 30 (THIRTY) 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: (30 days) _____

Activity level: _____ Side: _____ Amputation Height: _____

Weight: _____

Trial Foot Required: YES / NO

Foot Request: _____ CAT: _____ Foot Size: _____

Unity : YES / NO

*Please note delivery period 14 working days

Fitting support request from Össur specialist: YES / NO

By completing this form it is understood that you accept that the trial period for all relevant products is valid for only 30 days. Upon completion of the 30-day trial period, you have a further 14-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.