

# Mechanical Foot Trial Request Form

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

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

Planned fitment date: \_\_\_\_\_ Trial end date: (14 days) \_\_\_\_\_  
Foot requested: \_\_\_\_\_

Activity Level:    K1    K2    K3    K4                      Side:    Left    Right    Bilateral  
Foot size: \_\_\_\_\_                      Foot cover:    Beige    Brown  
Weight: \_\_\_\_\_

\*Please note delivery period is 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 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.