

NAKED PROSTHETICS | It's All About Function

Revision Submission Form

Date : _____

This form is to notify you that a revision order has been sent to manufacturing. Please review the below specifications, including the summary of revision, shipping information, and estimated shipping timeline. *Upon receipt of your revised device, please return the original/existing device to Naked Prosthetics.*

The following products have been ordered: _____

Device(s): _____

Client ID: _____

Date of Manufacturing: _____

Estimated Shipping Date: _____

Revision Summary: _____

Clinic Name: _____

Prosthetist: _____

Address: _____

City, Postcode: _____