

Power Knee™ and Rheo Knee® XC

Rehabilitation Rental Request Form



Facility Information

Facility Name: _____

Purchase Order #: _____

Prosthetist Name: _____

Contact Number: _____

Contact Email: _____

Patient Information

Patient ID: _____

Requested Rental Commencement Date: _____

Rental Product and Length

Please select the product and length of rental required

Power Knee™	Rheo Knee® XC	Rental Length	
			3 Month Rehabilitation Rental
			6 Month Rehabilitation Rental
			3 Month Extension

By signing this document, I agree to the Össur New Zealand Terms and Conditions for rental components (available upon request) and to the associated rental charges provided by quote.

Full Name

Signature

Date



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