

Repair Submission Form

Please fill out the entire form so we can take all your requirements into account.

Clinic: _____ Clinician Name: _____ E-mail: _____ Phone: _____

Patient ID: _____ Serial Number: _____

Reason for Repair/Service: _____

What happened to cause the damage? _____

What were they doing when they noticed it? _____

What do they use the device for? _____

When did they notice it? _____ How often do they wear the device? _____

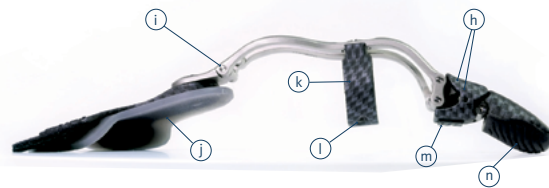
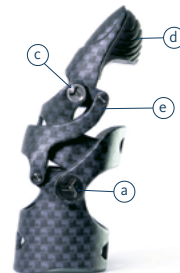
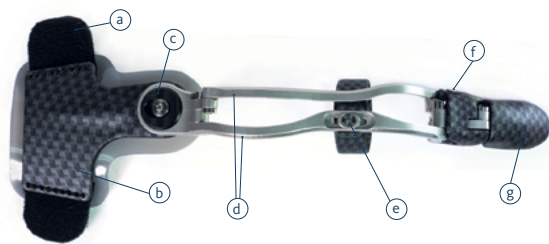
What specific work do they do? _____

What specific activities/hobbies do they use the device for? _____

Refer to the images below. Please select the unit and enter the respective letter of the part that requires repair;

MCPDriver™ Letter: _____

PIPDriver™ Letter: _____

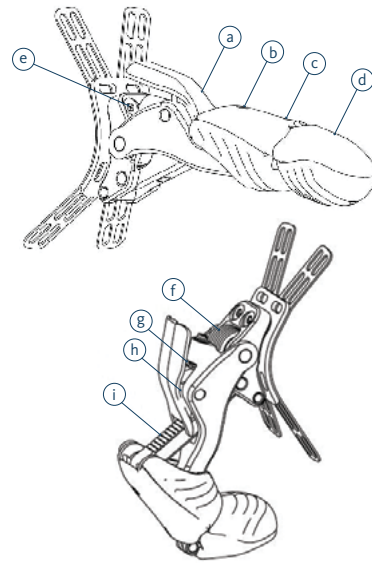
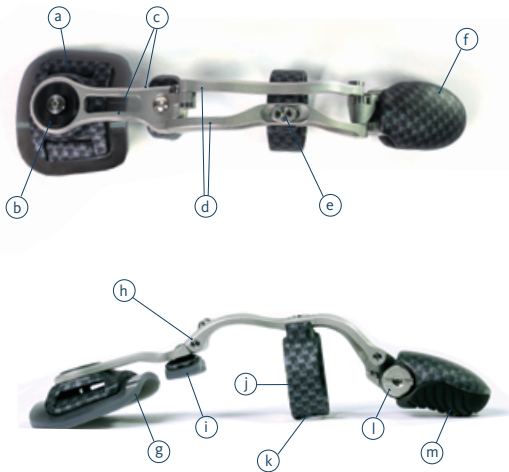


List of Parts

- | | |
|--------------------------------------|------------------------------------|
| a. Strap Attachments | h. P2 Fairing |
| b. Custom Backplate | i. Hinge joint |
| c. Abduction/Adduction Washer | j. Doral Silicone Interface |
| d. Custom Metal Linkages | k. Suspension Ring |
| e. Ring Adjustment Screw | l. Ring Shim Hole |
| f. P2 Lateral Pad | m. Silicone Pad |
| g. Device Tip | n. Silicone Tip |

List of Parts

- | |
|------------------------------------|
| a. Large Fastener |
| b. Ring |
| c. Small Fastener |
| d. Silicone Tip |
| e. Tendon |
| f. Cage (Dorsal and Palmer) |



List of Parts

- a. Anchor Plate
- b. Abduction/Adduction Washer
- c. Thumb Anchor
- d. Custom Metal Linkages
- e. Ring Adjustment Screw
- f. Device Tip
- g. Dorsal Silicone Interface
- h. Hinge Joint
- i. Metacarpal Knuckle Pad
- j. Suspension Ring
- k. Ring Shim Hole
- l. Tip Angle Adjustment Screw
- m. Silicone Tip

List of Parts

- a. Pawl (release lever)
- b. Fairing Attachment Screw
- c. P2 Fairing
- d. GLF Tip
- e. Anchor Attachment Screws
- f. Spring
- g. Pawl Interface
- h. Pawl Hinge
- i. Teeth

NOTES:

Please supply photo of affected unit when submitting this form.

To ensure data protection compliant methods are used for sending videos, photos, and forms to Össur please contact customer care for a data safe link - customer care.au@ossur.com

The above information is true to the best of my knowledge. I understand that this data will be used to repair/service the device. By signing the form, I am accepting responsibility for the information herein.

In this context, I expressly agree to the processing of personal data, measurement forms, and media by Össur to the extent required for the purpose of testing, ordering, repairing and supplying Naked Prosthetics products. Processing by Össur shall be in compliance with data protection requirements according to the applicable general legal provisions. I am aware that this declaration can be revoked at any time by notifying Össur's Data Protection Officer (dpo@ossur.com).

Clinician signature _____ Date _____