

Loaner/Trial Request Form

Upper Limb Prosthetics

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| Facility and Patient Information | | | | | |
| Facility Name: | | | | | |
| Prosthetist Name: | e: Con | | | mber: | |
| Patient Name: | | | | | |
| | | | | | |
| Unit for Repair/se | rvice | | | | |
| Serial Number: | | | | | |
| Reason for Repair/Service: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Trial Use Requested Trial Date: | | | | | |
| Warranty Repair Service Repair/Service (outside warranty period) | | | | | |
| Trial Units | | Repair/Service Loaners | | Repair/Service Loaners | |
| Össur New Zealand offers 2-4 week free patient trials. A loaner | | (Within Warranty) Össur New Zealand offers free loaner | | (Outside of Warranty) Loaner units for serviced items not | |
| fee of \$834 NZD + GST per week | | units for all serviced units within their | | covered by warranty are available | |
| may apply for each week the unit is outstanding after this time (at | | warranty period only. | | for loan upon requested at a cost of \$834 NZD + GST per month. | |
| Össur's discretion). | | · · | | ' | |
| By signing this document, I agree to the Össur New Zealand Terms and Conditions for loaner components | | | | | |
| (available on reques | st). | | | | |
| | | | Date | | |
| Upper Limb Prosth | n etics (please sele | ct) | | | |
| Side: Left | Right Siz | re: X-Small | Small Me | dium Large | |
| Type of Hand: i-Limb® Quantum | | | | | |
| To be used with COAPT (To ensure compatibility) | | | | | |
| Wrist Type: | rist Type: Quick Wrist Disconnect Flexion | | | | |
| Note: Friction and Wrist Disarticulation are not available for trial or loan. For more information about these products | | | | | |

please contact our customer service team.