

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? _____

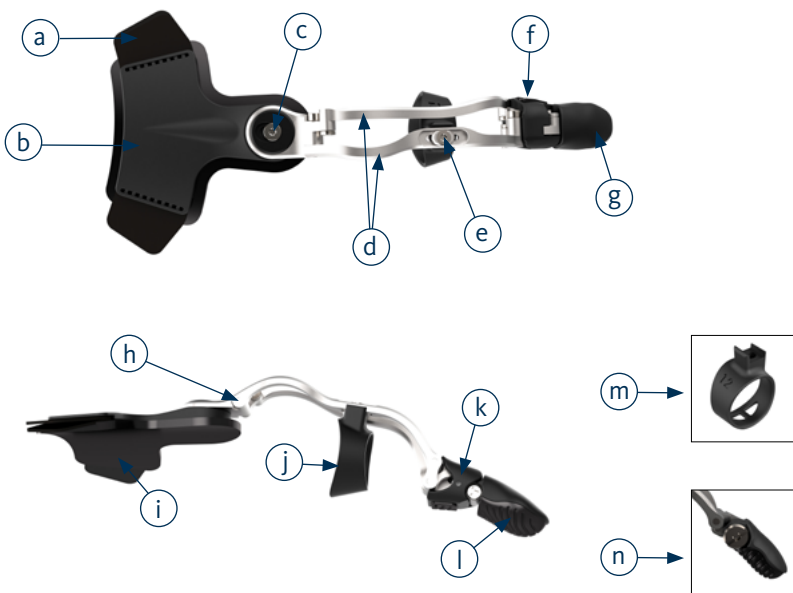
When did they notice it? _____ How often do they wear the device? _____

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:

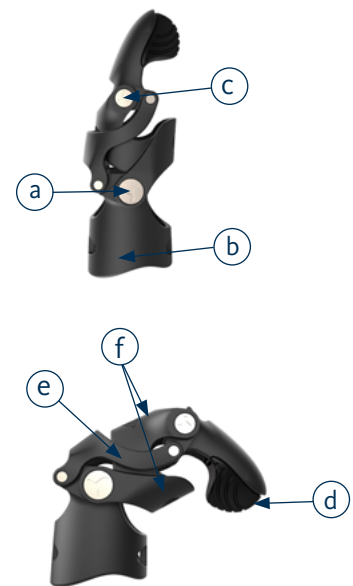
MCPDriver* Letter: _____



LIST OF PARTS

- | | |
|-----------------------------------|---------------------------------------|
| a. Wrist Alligator Tabs | i. Backplate Pad |
| b. Backplate | j. Suspension Ring |
| c. Abduction/Adduction Screw | k. P2 Fairing * |
| d. Metal Linkages | l. Silicone Tip Pad |
| e. Ring Adjustment Screw & Slider | m. Shim Holes (optional) |
| f. P2 Silicone Pad | n. Single Articulating Tip (optional) |
| g. Device Tip | * not present in |
| h. Hinge Joint | Single Articulating Tips |

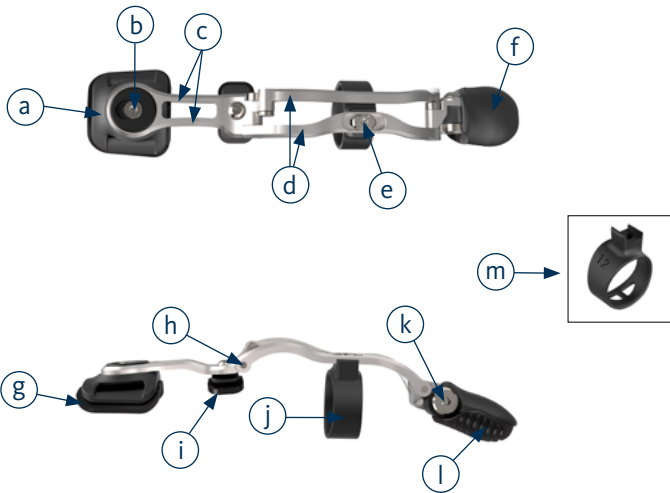
PIPDriver* Letter: _____



LIST OF PARTS

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

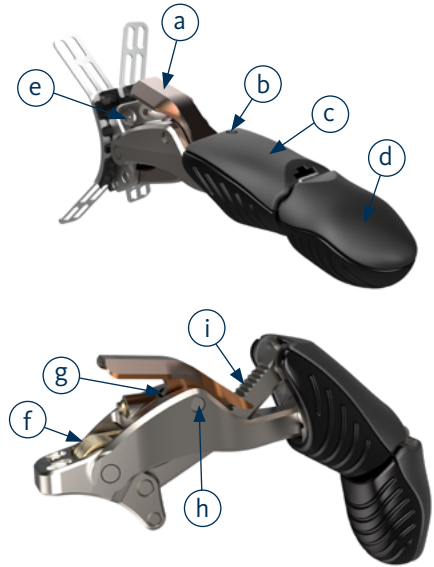
ThumbDriver* Letter: _____



LIST OF PARTS

- | | |
|-----------------------------------|--------------------------|
| a. Anchor Plate | h. Hinge Joint |
| b. Abduction/Adduction Screw | i. Knuckle Pad |
| c. Thumb Anchor | j. Suspension Ring |
| d. Metal Linkages | k. Tip Angle |
| e. Ring Adjustment Screw & Slider | l. Silicone Tip Pad |
| f. Device Tip | m. Shim Holes (optional) |
| g. Anchor Plate Pad | |

GripLock Finger* Alignment Jig Letter: _____



LIST OF PARTS

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

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.nz@ossur.com

The above information is true to the best of my knowledge. I acknowledge that this data will be utilised for the repair or servicing of the device. By signing the form, I am accepting responsibility for the information herein.

In this context, I 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 _____