

## 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? \_\_\_\_\_

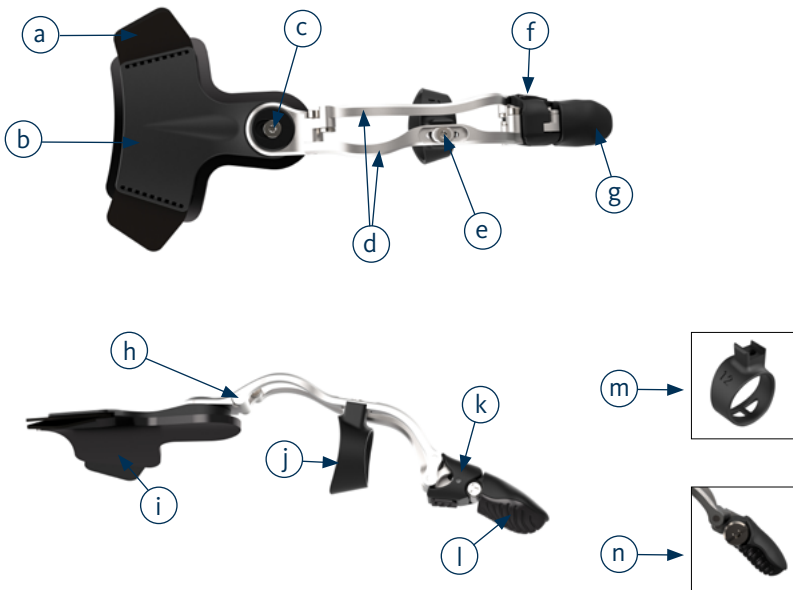
When did they notice it? \_\_\_\_\_ How often do they wear the device? \_\_\_\_\_

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:

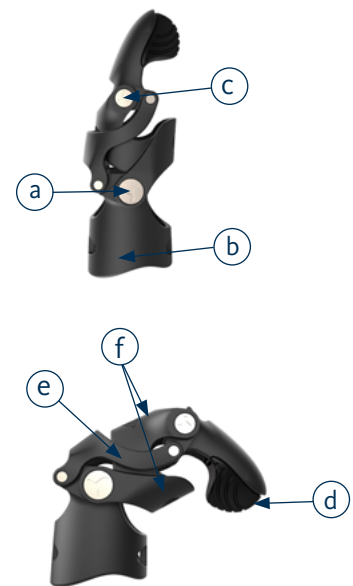
**MCPDriver\*** Letter: \_\_\_\_\_



### 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              |

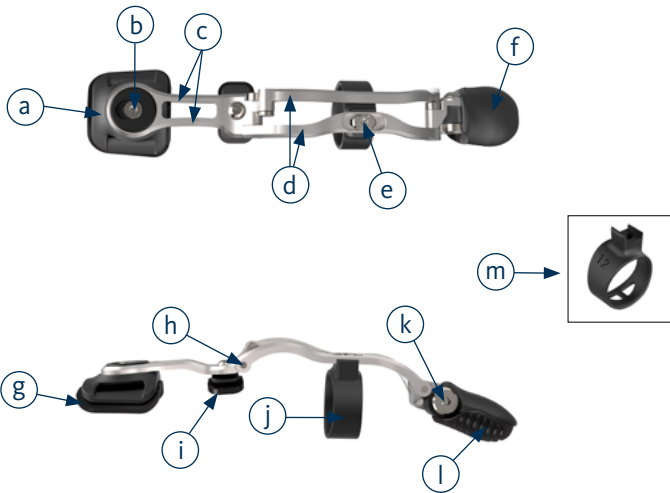
**PIPDriver\*** Letter: \_\_\_\_\_



### LIST OF PARTS

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

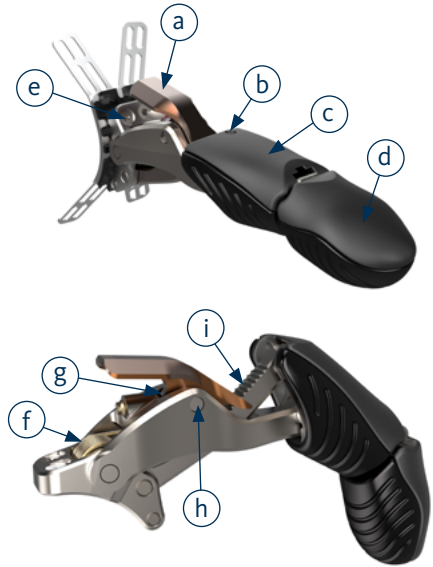
**ThumbDriver\*** Letter: \_\_\_\_\_



**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.au@ossur.com](mailto:customer care.au@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](mailto:dpo@ossur.com)).

Clinician signature \_\_\_\_\_ Date \_\_\_\_\_