

# Mechanical Knee

## Trial Request Form

Customer: _____	Acc No: _____	Date: _____
Contact Person: _____	Contact No: _____	
Patient Identifier: _____	E-mail Address: _____	

**Please note trial will only be made available for a maximum trial period of 14 (fourteen) days**

Trial Item Request: \_\_\_\_\_

### Trial Information

We deliver the trial unit 2 to 3 days prior to the start of test. Please book patient after you received confirmation that there is a trial unit available. **Limited trial units available.**

Planned fitment date: \_\_\_\_\_ Trial end date: (14 days) \_\_\_\_\_

Activity level: \_\_\_\_\_ Side: \_\_\_\_\_ Amputation Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Trial Foot Required: YES / NO Foot Request: \_\_\_\_\_

CAT: \_\_\_\_\_ Foot Size: \_\_\_\_\_ Foot Cover: Beige / Brown

Foot side: Left / Right

Fitting support request from Össur specialist: YES / NO

By completing this form it is understood that you accept that the trial period for all relevant products is valid for only 14 days. Upon completion of the 14-day trial period, you have a further 7-day grace period within which to return all trial products. Should the product(s) not be returned to Össur within the grace period, penalties may be incurred. Customer may be invoiced for damaged products (subject to inspection upon return to Össur).