

Proprio Foot® 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.

- . All trial feet must be fitted with the pyramid cap
- . No grub screw marks may be visible on the pyramid when returning the foot
- . Trial feet may **not** be used without a foot cover
- . Trial feet should not be used for extreme sports / activities that may damage foot
- . Proprio Foot must be returned in case with charger

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:	K2	K3	Side:	Left	Right	Bilateral
Foot size:		_	Foot co	/er:	Beige	Brown
Weight:		_				
*Proprio Feet a	re specia	l orders that require a delivery lead	time of up	to 14 v	vorking da	ys.
Fitting support	request f	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).

