

# Warranty Claim Form

ACS Request N<sup>o</sup>

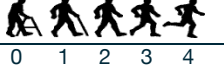
Please label the returned product with this ACS Request number.

Your Ref. N<sup>o</sup>

## ORIGINATOR OF REPORT:

Customer / Distributor: Facility / Clinic: 

## PATIENT DETAILS

Name/Pat.Ref.no: Weight:  lbsAmputation Side: Level of Amp: Occupation: Activity Level:  0 1 2 3 4Impact Level (Feet): Activities/Sports: 

## DETAILS OF LIMB INVOLVED

Full Limb Prescription: 

## PRODUCT HISTORY

Original Purchase Order / Invoice No: Purchase Date: 

## DETAILS OF CLAIM

Product Code: Description: SN / Batch Code: Date Fitted: Date Failed: Reason for Return: Prosthetist / Mgr: Date: Contact Tel: Fax: Email: In the event of your warranty claim being rejected, we will not return the item to you, unless you ✓ the box: 

### Obtain ACS Request No. and Return Parts to:

ACS Group, Blatchford Inc., 1031 Byers Road, Miamisburg, Ohio 45342, USA.

Phone: 800-548-3534 ext. 311

Fax: 800-929-3636

Email: [acs@blatchfordus.com](mailto:acs@blatchfordus.com)

# Blatchford