



680 Grove Rd
West Deptford NJ 08066
Phone: (800) 233-6263
Fax: (800) 831-3160

Request to Repair Prosthetic Knee

Account Name:		Account #:	
		Contact #:	

Thank you for purchasing our product. You have requested to repair a prosthetic knee. In order to process your request, the following information is required.

Product ID Name	
Weight of Patient	
Activity Level	<input type="checkbox"/> K1 <input type="checkbox"/> K2 <input type="checkbox"/> K3 <input type="checkbox"/> K4
Date of Purchase	
Level of Amputation	
Size of foot	
Serial #	
Sales Order Number	

List short description of existing problem:

Please include a copy of invoice or order acknowledgement and return with patient unit using the return shipment label provided.