

Ordered by: \_\_\_\_\_  
 BILLING: P.O. Number \_\_\_\_\_  
 Bill To: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_  
 Account # \_\_\_\_\_

*We will not ship a repaired product directly to a patient if we remade or re-sized the shell/frame of the brace.*

Ship To: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Shipping Preference:  Ground  Express

*Note: We do not ship products directly to patients.*

*Products that qualify for warranty repair service are routinely shipped back to the customer by UPS ground at no charge. For products not covered by warranty, or if you need us to ship the product back to you by UPS air service, please indicate your preference, below (charges apply).*

Patient's Last Name: \_\_\_\_\_

Patient's First Name: \_\_\_\_\_

Male  Female

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Leg:  Left  Right

**This brace was fabricated (check box)**

- Less than six months ago
- More than six months ago

**Please tell us when you need this brace back**

\_\_\_\_\_

Product Type/Model: \_\_\_\_\_

**Reason for Returning This Product**

Repair Service

*In the Instructions section (below) or on an attached note, please indicate the existing problem that needs to be resolved.*

Remold/Remake

*A new cast, digital leg scan or leg measurements is routinely required to remold/remake a custom or "customized" knee brace. In the Instructions section (below) or on an attached note, please describe the problem that needs to be resolved. Did you send a new cast mold and/or new measurements?*

Yes  No

Refurbish

*Generally includes replacement of product parts including straps, pads, liners, hinge covers and refurbishing and realignment of joints. You can individually order only the replacement of specific parts if the entire brace does not need servicing. Please note the parts you want replaced in the Instructions section below.*

Refurbish & Repaint

*Includes refurbish services as well as repainting of the brace (applies to paint finish or powdercoated braces). Repainting or new powdercoat finish is not covered by any warranty.*

Repaint

*New paint or powdercoat finish (not covered under any warranty).*

**INSTRUCTIONS**

Issue(s) and what you want our staff to do

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check this box if you want us to call and speak with you PRIOR to performing any repair work on this product.

Check this box if you only want to be called if there will be non-warranty charges for servicing this product.

**Please Provide Contact Information...**

Your Name \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**Berretta Medical Internal Use Only**

**RECEIVED \_\_\_\_\_ SHIPPED \_\_\_\_\_**

*Please complete and fax this form to 1.877.527.1911 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 1877.222.3311 between 6:00 a.m. and 4:00 p.m. (PST).*