

1. Device Details

Supplier _____

Device Type _____

Device _____

Device Serial Number _____

Purchase Date (if known) _____

Sales Order Number (if known) _____

Fit Date (if known) _____

Is device under warranty? ☐ Yes ☐ No ☐ Unknown

Date Loaner is Needed

Patient Device Issue

Please document the issues occurring with the device. Please include photos and/or video:

2. Patient Information

Patient Age _____ Patient Gender ☐ Male ☐ Female ☐ N/A

Amputated Side ☐ Left ☐ Right ☐ Bilateral

Height _____ ☐ Inches ☐ cm

Weight _____ ☐ lbs ☐ kg

Activity Level

☐ Ambulatory (K1)

☐ Low Impact (K2)

☐ Active (K3)

☐ Highly Active / Competitive (K4)

Additional Information

Indicate additional patient information, including type of amputation, complications, and etc.

3. Facility Information

Fitting Prosthetist _____

Fitting Facility _____

OrtoPed Acct. # (if known) _____

Address 1 _____

Address 2 _____

City _____ Prov. _____ Postal _____

Phone _____ Fax _____

Mobile _____

Email _____

Agreement

By filling this form out and signing below, you agree to the following Terms & Conditions:

Loaner unit must be shipped back to OrtoPed, expedited service, at the end of the loaner period, when the repaired/replacement device is fitted onto the patient. Failure to return of the loaner unit as indicated may interfere with other requests. I acknowledge that loaner requests do not guarantee approval: loaner devices — whether it is for warranty or non-warranty evaluation/repair — must be approved by the supplier before processed, and may include applicable shipping & handling fees. I also acknowledge that supplier repairs of a device may include additional costs if their evaluation determines that 1) a device is beyond manufacturers warranty, or 2) the damage or issues with the device are either non-characteristic of described issues or not covered by the manufacturer's warranty policy. I accept full responsibility for any loss or damage to the loaner unit over and above reasonable wear and tear. In addition, the unit must be shipped back in the packaging that was received from the supplier, with proper packaging care to protect the unit during shipment.

4. Sign Here (acknowledges and agrees to be bound by attached terms and conditions)

Signature _____ Date of Request _____

Name _____

FIRST

LAST

Title _____



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Approved: ☐ Yes ☐ No

Authorized by: _____

Authorization Date: _____