

Ottobock Repair Request Form CA



Please complete this form in its entirety and submit by clicking the “Email Form” button, or by printing and shipping with the device to the below address:

Ottobock Healthcare
Attn: Service Department
5470 Harvester Rd
Burlington, ON L7L 5N5

Practitioner Information	Ship Device to
Customer Number:	Facility:
Practitioner Name: *Required Field	Address:
Practitioner Email: *Required Field	City:
CC Email:	Province:
Practitioner Phone: *Required Field	Postal Code: *Required Field
Facility Fax Number:	

Patient and Device Information
Patient Last Name, First Initial:
Patient Device: *Required Field
Device Serial Number:
Pylon Serial Number:
Remote Lot #:
Charger Lot #:
Additional Items:

PLEASE NOTE: for microprocessor knees, we require sending in the pylon, remote, and charging system.

This will expedite the service process and assist with faster turnaround times. Thank you for choosing Ottobock!



Why is the device coming in for repair?

***Required Field**

To check the status of a repair, please call Ottobock After-Sales Service at 800 665 3327 or email us at ServiceCanada@ottobock.com.