

Please complete the following information and enclose this form when sending your device to service.

Contact Information

Customer Number: 1 0 1 _____

Practitioner Name _____

Practitioner E-Mail _____

Practitioner Phone Number _____

Facility Fax Number _____

Bill To

PO NUMBER _____

Facility _____

Address _____

City, State & Zip _____

Ship To (if different than your billing address above)

Facility _____

Address _____

City, State & Zip _____

Patient and Device Information

Patient Last Name, First Initial _____

Patient E-mail _____

Device Serial Number _____

Additional Components _____

Additional Component Serial Number _____

Why you are sending the device to Ottobock?

Checking Repair Status

During business hours, call Ottobock After- Sales Service at 800 795 8846.

Thank you for choosing Ottobock!