

RETURN FORM

Allard AFO

Before you return the product to Allard INT please contact Customer Service for a return authorization number. Replacements can only be approved if this form is correctly filled out and returned with the product. Returns should be made with in the warranty period*. Thank you for your co-operation!

Serial no: _____ Product code: _____

Return no: _____ Date: _____

P & O Facility: _____

Patient information:

- Male Bilateral user
 Female Unilateral user

Product information:

- X-small Right
 Small Left
 Medium
 Large
 X-Large

Fitting date: _____

How did the product break? Gradually Suddenly

Comments: _____

Patient activity level

- Very High High Low Very Low
All types of activity Walks a few km Walks outdoors and indoors Walks only indoors

Adjustments done on the brace (grinding, wedge material etc.) Yes No

If yes, what adjustments: _____

Adjustments done above the sole (insole, custom made insole, T-strap etc.) Yes No

If yes, what adjustments: _____

Other comments: _____

**For Warranty Policies, see www.allardint.com, Downloadcenter/Allard AFO Documents