

RETURN FORM

KiddieGAIT® BABY - KiddieGAIT® – KiddieROCKER®

Before you return the product to Allard UK 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 within the warranty period*. Thank you for your co-operation.

Serial no: _____ Product code: _____

Return no: _____ Date: _____

P & O Facility: _____

Patient Information:

- ☐ Boy ☐ Bilateral user.
☐ Girl ☐ Unilateral user.

Product Information:

KiddieGAIT Baby

- ☐ Small
☐ Medium
☐ Large

KiddeGAIT/KiddieROCKER

- ☐ Small ☐ Right
☐ Medium ☐ Left
☐ Large
☐ X-Large

Fitting date: _____

How did the product break?

- ☐ Gradually ☐ Suddenly

Comment: _____

Patient activity level

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Very High
All types of activity
include jumping and
different sports | <input type="checkbox"/> High
Walks a few km and plays | <input type="checkbox"/> Low
Walks out and indoors | <input type="checkbox"/> Very Low
Walks only indoor |
|--|---|---|--|

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

If yes, what adjustments: _____

Adjustments done above the sole (Insole, custom made insole, SMO, DAFO, langes, etc) ☐ Yes ☐ No

If yes, what adjustments: _____

Other comment: _____

* For Warranty Policies, see www.allarduk.co.uk, Downloadcenter/Allard AFO Documents