



THUASNE®

Product Repair Form

Contact Information

Clinician Fitter/Assistant/Tech Other: _____

Name: _____

Email: _____ Phone: _____

Ordering Clinician

CPO CO CP Other: _____

Name: _____

Email: _____ Phone: _____

Billing & Shipping

PO#: _____

Billing Account#: _____

Shipping Account#: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Shipping Preference

Ground Next Day AM Next Day PM 2-Day AM 2-Day PM

(If no preference is indicated, this order will be shipped 2 Day PM) Note: We do not ship products directly to patients.

Patient Information

Fit Date: _____ Patient ID: _____

Age _____ Weight _____ (LBS) Height _____ (IN)

Male Female Leg: Left Right

This brace was fabricated (check box)

Less than six months ago More than six months ago

Please tell us when you need this brace back

Product Type/Model: _____

Reason for Returning This Product

Repair Service

In the Instructions section (below) or on an attached note, please indicate the existing problem that needs to be resolved.

Remold/Remake

A new cast, digital leg scan or leg measurements is routinely required to remold/remake a custom or "customized" knee brace. In the Instructions section (below) or on an attached note, please describe the problem that needs to be resolved. Did you send a new cast mold and/or new measurements?

Yes No

Refurbish

Generally includes replacement of product parts including straps, pads, liners, hinge covers and refurbishing and realignment of joints. You can individually order only the replacement of specific parts if the entire brace does not need servicing. Please note the parts you want replaced in the Instructions section below.

Refurbish & Repaint

Includes refurbish services as well as repainting of the brace (applies to paint finish or powdercoated braces). Repainting or new powdercoat finish is not covered by any warranty.

Repaint New paint or powdercoat finish
(not covered under any warranty).

Instructions

Issue(s) and what you want our staff to do

Check this box if you want us to call and speak with you PRIOR to performing any repair work on this product.

Check this box if you only want to be called if there will be non-warranty charges for servicing this product.

Contact Information

Your Name _____

Phone: _____

Email: _____

Townsend Internal Use Only

Received _____ Shipped _____

*Indicates additional charges apply

OF-010 REV. C

Received Date *Thuasne USA's shipping department use only*

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