

Product Repair Order Form

Ordered by:	Phone # ()
BILLING: P.O. Number	Account #
Bill To:	We will not ship a repaired product directly to a patient if we remade or re-sized the shell/frame of the brace.
	Ship To:
City:	Address:
Prov: Postal Code: Country:	City:
Phone: () Fax: ()	Prov: Postal Code: Country:
	Phone: () Fax: ()
Shipping Preference:	Products that qualify for warranty repair service are routinely shipped
	back to the customer by UPS ground at no charge. For products not covered by warranty, or if you need us to ship the product back to you by UPS air service, please indicate your preference, below (charges apply).
Patient's Last Name:	☐ Refurbish & Repaint
Patient's First Name:	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.
☐ Male ☐ Female	□ Panaint
Age Height Weight	Repaint New paint or powdercoat finish
Leg: ☐ Left ☐ Right	(not covered under any warranty).
This brace was fabricated (check box)	INSTRUCTIONS
	Issue(s) and what you want our staff to do
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	☐ Check this box if you want us to call and speak with you PRIOR to performing any repair work on this product.
A new cast, digital leg scan or leg measurements is routinely required to remold/remake a custom or "customized" knee brace.	☐ Check this box if you only want to be called if there will be non-warranty charges for servicing this product.
In the Instructions section (below) or on an attached note, please describe the problem that needs to be resolved. Did you send a	Please Provide Contact Information
new cast mold and/or new measurements?	
☐ Yes ☐ No	Your Name
Refurbish	Phone #: () Email:
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	Berretta Medical Internal Use Only
parts if the entire brace does not need servicing. Please note the parts you want replaced in the Instructions section below.	RECEIVEDSHIPPED

Please complete and fax this form to 1.877.527.1911 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 1877.222.3311 between 6:00 a.m. and 4:00 p.m. (PST).

