



General Patient Information Form

To return the product to the Becker Orthopedic for credit, please provide the following information and a copy of the product label.

Date: _____

Product Serial Number (SN): _____

Product Lot Number: _____

Year of Manufacture: _____

Patient Height: _____

Patient Weight: _____

Patient Age: _____

Activity Level of Patient: _____

Patient Diagnosis: _____

What was the patient doing when the product failed?: