



DISTRIBUTOR RETURN FORM

NAME:	COMPANY:	DATE:
EMAIL:	ADDRESS:	
PRODUCT NAME:	ORIGINAL ORDER #:	
PO #:	REPLACEMENT PO #:	

RETURN REASONS

ORDER ERROR

- DUPLICATE SHIPMENT/ORDERED TWICE
- PO CANCELED
- DID NOT RECEIVE ON TIME

EXCHANGE PRODUCT

- ORDER ERROR
 - OTHER:
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PATIENT REJECTED

- ADJUSTMENT ISSUES
 - COSMETIC ISSUES
 - PATIENT DISLIKED COSMETICS
 - PATIENT HEALTH ISSUE
 - PATIENT NEVER PICKED UP
 - TOO LITTLE SUPPORT
 - TOO MUCH SUPPORT
 - OTHER:
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WARRANTY ISSUE | AFO

- CALF CUFF VELCRO
- CALF CUFF ADHESIVE
- BOA STRAP
- SCREW
- FOOT PLATE TRIM
- LINER TPU PLASTIC
- STRUT CRACK/BREAK
- LOGO PEELING
- MISSING BOX ITEM

WARRANTY ISSUE | HELIXBAND

- CUFF COVER
- FOREFOOT ANCHOR
- MIDFOOT ANCHOR
- CALCANEUS ANCHOR
- MIDFOOT BAND TAB
- MIDFOOT BAND
- CALCANEUS BAND TAB
- CALCANEUS BAND
- INSOLE
- INSOLE ATTACHMENT LOOP
- LOST/MISSING

PLEASE LET US KNOW THE SPECIFICS OF YOUR ISSUE:

OTHER, PLEASE DESCRIBE:
