



PRODUCT RETURN FORM

DATE: _____

NABTESCO & PROTEOR in USA, 581 W18475 Gemini Drive (Plant 2) Muskego, WI 53150
For questions, please contact: orders@proteorusa.com

FACILITY NAME: _____

PRACTITIONER NAME: _____

DISTRIBUTOR NAME: _____

PRODUCT REFERENCE NUMBER: _____

LOT NUMBER: _____ DATE OF PURCHASE AND PO NUMBER: _____

REASON FOR RETURN: _____

PATIENT INFORMATION:

AGE: _____ WEIGHT: _____ GENDER: _____

ACTIVITY LEVEL: _____ DATE OF AMPUTATION: _____

AK: _____ BK: _____ PARTIAL FOOT: _____ HD: _____

PICTURE OF COMPLETE PROSTHESIS: _____

FULL DESCRIPTION OF THE COMPONENTS IN THE MAKE UP OF THE PROSTHESIS: _____

INCIDENT DETAILS: _____

WAS THE PATIENT INJURED? YES _____ OR NO _____

IF YES, PLEASE EXPLAIN: _____
