

Please complete the following information and enclose this form when sending your device to service.

### CONTACT INFORMATION

Customer Number: 101 \_\_\_\_\_  
Practitioner Name: \_\_\_\_\_  
Practitioner E-Mail: \_\_\_\_\_  
Practitioner Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Facility Fax Number: \_\_\_\_\_

### Ship To

Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_



### Patient and Device Information

We highly recommend sending the pylon, remote, and charging system with all MPK units

Patient Last Name, First Initial: \_\_\_\_\_  
Patient E-mail: \_\_\_\_\_  
Device Serial Number: \_\_\_\_\_  
Pylon SN: \_\_\_\_\_  
Remote Lot #: \_\_\_\_\_ Charger Lot#: \_\_\_\_\_  
Additional Items: \_\_\_\_\_

### Why you are sending the device to Ottobock?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Checking Repair Status

During business hours, call Ottobock After-Sales Service at 800 328 4058.  
We can also be reached through email at [OBUSAService@ottobock.com](mailto:OBUSAService@ottobock.com)

Thank you for choosing Ottobock!