

Form for ordering test unit Bioness/E-MAG/C-Brace/FreeWalk

E-post: retur@ottobock.se

Customer information	
Contact person	<input type="text"/>
E-mail	<input type="text"/>
Phone number	<input type="text"/>
Customer number	<input type="text"/>
Delivery address	<input type="text"/>
Your reference	<input type="text"/>
Fitting date	<input type="text"/>
Testperiod	2 weeks <input type="checkbox"/> Other <input type="checkbox"/>
Pick-up date	<input type="text"/>

Fill in loaner need needs.

Patient information	
Product name or item number	<input type="text"/>
Side	Left <input type="checkbox"/> Right <input type="checkbox"/>
Size	<input type="text"/>
Other material (for example electrodes)	<input type="text"/>
Instructions language	<input type="text"/>

Other information
<input style="width: 100%; height: 150px;" type="text"/>

