



Complaint

Complaint form

Phone: +46 11 28 06 00
E-mail: retur@ottobock.se

1. Please fill in all the fields below, save the document and send it as an attachment to retur@ottobock.se.
2. We will send you a case number and a prepaid return slip.
3. Print and attach the return slip to your parcel, also enclose a printout of this claim form in the parcel.

| | |
|---|----------------------|
| Case number (sent from Ottobock) | <input type="text"/> |
|---|----------------------|

| | |
|-------------------------|--|
| Customer details | |
| Customer no. | <input type="text"/> |
| Order no. | <input type="text"/> Date <input type="text"/> |
| Company | <input type="text"/> |
| Address | <input type="text"/> |
| Name | <input type="text"/> |
| E-mail | <input type="text"/> |

| | |
|--|---|
| Product information | |
| Article no. | <input type="text"/> |
| Serial no. | <input type="text"/> LOT no. <input type="text"/> |
| Order / Invoice / Delivery note number | <input type="text"/> |

| | |
|---|--|
| Loaner requested | |
| Requested date | <input type="text"/> |
| Additional information when loaning a knee joint | |
| Center of knee to black ring | <input type="text"/> |
| Center of knee to floor | <input type="text"/> |
| Type of foot | Size <input type="text"/> Left <input type="checkbox"/> Right <input type="checkbox"/> |
| Other measurements | <input type="text"/> |

| | |
|--------------------|---|
| Information | |
| Warranty | Yes <input type="checkbox"/> No <input type="checkbox"/> Quote requested Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Interested in | Credit <input type="checkbox"/> New item <input type="checkbox"/> |
| Information | <input type="text"/> |

See current conditions on our website www.ottobock.com/sv-se.