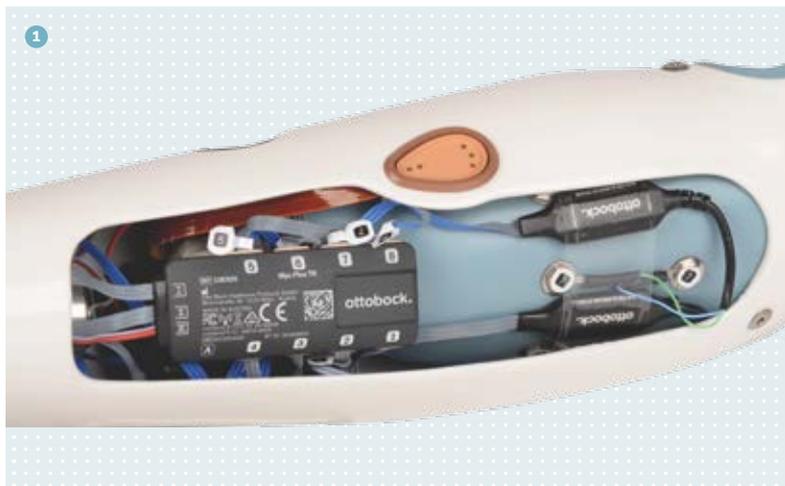


Test fitting with Myo Plus control and bebionic hand

Complete and send to: retur@ottobock.se

Customer		Shipping address (if different from customer address)	
Customer no.	<input type="text"/>	Customer no.	<input type="text"/>
Company	<input type="text"/>	Company	<input type="text"/>
Street	<input type="text"/>	Street	<input type="text"/>
Postal code/city	<input type="text"/>	Postal code/city	<input type="text"/>
O&P professional	<input type="text"/>	Com.	<input type="text"/>



Required products

1 Myo Plus pattern recognition

Art. no.	Description
<input type="checkbox"/> 642V64=T-Plus-S	Case (Contents: remote electrodes, Myo Plus TR, electrode domes)

2 bebionic hand EQD

Art. no.	Side	Size	Color
<input type="checkbox"/> 8E70	<input type="checkbox"/> left (L) <input type="checkbox"/> right (R)	<input type="checkbox"/> Small (S) <input type="checkbox"/> Medium (M)	<input type="checkbox"/> White (W) only size small <input type="checkbox"/> Black (B)
<input type="checkbox"/> 8E71	<input type="checkbox"/> left (L) <input type="checkbox"/> right (R)	<input type="checkbox"/> Small (S) <input type="checkbox"/> Medium (M)	<input type="checkbox"/> White (W) only size small <input type="checkbox"/> Black (B)
<input type="checkbox"/> 8E72	<input type="checkbox"/> left (L) <input type="checkbox"/> right (R)	<input type="checkbox"/> Small (S) <input type="checkbox"/> Medium (M)	<input type="checkbox"/> White (W) only size small <input type="checkbox"/> Black (B)



Additional components

Art. no.	Description
<input type="checkbox"/> 642V64=B-T-S	Accessory case (Contents: battery, charger for bebionic hand)
<input type="checkbox"/> BB33061	Bluetooth long dongle for configuration of the bebionic hand

Information for test fitting

Prosthesis user/com. _____

Test duration period/date _____

Your order reference _____

Desired arrival date _____

Place, date Signature