



# Service Request

## Service request form

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.

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

|                         |  |
|-------------------------|--|
| <b>Customer details</b> |  |
| 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"/>                           |

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

|   |  |
|---|--|
| <b>Loaner requested</b>                                 |  |
| Requested date  | <input type="text"/>   |
| <b>Additional information when loaning a knee joint</b> |  |
| Center of prosthetic knee to black ring                 | <input type="text"/>   |
| Center of prosthetic 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"/>   |

|                    |                              |                             |                             |                              |                                      |
|--------------------|------------------------------|-----------------------------|-----------------------------|------------------------------|--------------------------------------|
| <b>Information</b> |                              |                             |                             |                              |                                      |
| Interval           | 12 <input type="checkbox"/>  | 24 <input type="checkbox"/> | 36 <input type="checkbox"/> | 48 <input type="checkbox"/>  | 60 <input type="checkbox"/> (months) |
| Warranty           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Quote requested             | Yes <input type="checkbox"/> | No <input type="checkbox"/>          |

|                    |   |
|--------------------|---|
| <b>Information</b> | <input style="width: 100%; height: 100%;" type="text"/> |
|--------------------|---|

See current conditions on our website [www.ottobock.com/sv-se](http://www.ottobock.com/sv-se).