

Service Request

Service request 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"/>
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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="text"/> Right <input type="text"/>
Other measurements	<input type="text"/>

Information					
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"/>

Information	<input type="text"/>
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See current conditions on our website www.ottobock.com/sv-se.