



endolite

get busy living

WARRANTY CLAIM FORM

ACS Request N^o

Please label the returned product with this ACS Request number.

Your Ref. N^o

ORIGINATOR OF REPORT:

Customer / Distributor:

Facility / Clinic:

PATIENT DETAILS

Name/Pat.Ref.no:

Weight:

lbs

Amputation Side:

Level of Amp:

Occupation:

Activity Level:

0	1	2	3	4

Impact Level (Feet):

Activities/Sports:

DETAILS OF LIMB INVOLVED

Full Limb
Prescription:

PRODUCT HISTORY

Original Purchase Order / Invoice No:

Purchase Date:

DETAILS OF CLAIM

Product Code:

Description:

SN / Batch Code:

Date Fitted:

Date Failed:

Reason for
Return:

Prosthetist / Mgr:

Date:

Contact Tel:

Fax:

Email:

In the event of your warranty claim being rejected, we will not return the item to you, unless you ✓ the box:

Obtain ACS Request No. and Return Parts to:

Endolite
ACS Group
1031 Byers Rd
Miamisburg, Ohio 45342-5487
Phone: 800-548-3534 ext. 311
Fax: 800-929-3636
Email: acs@endolite.com