

Before completing this form, please review return policy at the bottom of this form.

Date: _____ / _____ / _____ Patient Name: _____

Facility Name/Acct. # _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Name of person completing form: _____ Phone Number: (_____) _____ , _____

Date product was purchased: _____ / _____ / _____ Thuasne USA Invoice #: _____ RMA: _____

Requesting: **Warranty Replacement/Exchange** **Partial Credit** **Full Credit**

Product/ Model _____

- Product quality was not satisfactory
- Excess Inventory
- Patient refused product
- Product was inappropriate model for patient
- Product did not fit the patient
- Other: _____
- Insurance refused to pay for the product
- Knee brace would not suspend

If there was an issue with the quality, fit or the function of the product, what opportunity was Townsend given to resolve the issue?

Have you spoken to your Townsend representative about this issue/return? Yes No

PRODUCT RETURNS: Because Townsend Design has no control over patient selection, insurance authorizations, "no show" patients, and other service or patient compliance issues that can lead to the return of a product, the following general guidelines have been established regarding product returns. REQUESTS FOR RETURNS ARE REVIEWED ON A CASE-BY-CASE BASIS and are reflective of our ongoing relationship with a customer and fair business practices. Townsend Design does not issue refund checks to customers. Credit toward future purchases is posted to the customer's account. In most cases, there is no credit/refund for outbound shipping charges or the cost to ship the product back to Townsend.

GENERAL POLICIES FOR ALL RETURNS: Any product being returned to Townsend Design for possible credit Must be submitted with a Product Return Form and RMA # for ANY POTENTIAL CREDIT to be considered. Townsend Design reserves the right to charge all or a portion of our costs for fabricating and shipping a product in situations where the customer fails to provide our company adequate opportunity to resolve a problem and/or in situations where the reason for returning the product is not due to any direct fault of Townsend Design (unrelated to customer service, fabrication quality, or the product's performance). The PRODUCT AND PRODUCT RETURN FORM must be returned to: Townsend Design, 4615 Shepard Street, Bakersfield, CA 93313. For policy clarification or to discuss a specific situation before returning a product, please call 800.432.3466.

POLICIES FOR CUSTOM AND "CUSTOMIZED" PRODUCTS: FULL CREDIT FOR ALL CHARGES ASSOCIATED WITH THE FABRICATION AND SHIPPING OF A CUSTOM OR "CUSTOMIZED" PRODUCT (i.e. products that cannot be returned to inventory and resold) IS PROVIDED in situations where Townsend is clearly responsible for the reason why a custom or customized product is being returned. In situations where Townsend is not fully responsible, a partial credit may be considered, reducing the charge to approximately 30% to 75% of the original invoice. Any potential revision to the original invoice will routinely reflect the circumstances for the return and/or the customer's purchasing history and/or a fair sharing of costs incurred to fabricate the brace.

POLICIES FOR OFF-THE-SHELF PRODUCTS: A standard or universal size off-the-shelf product (i.e. walking boot, aluminum and soft shell ligament or OA brace, ROM post-op brace, or Shoulder Sling) returned WITHIN 30 DAYS OF PURCHASE in pristine condition that can be PUT BACK INTO INVENTORY AND RESOLD will routinely qualify for full credit (excluding the original shipping charges). Restocking fees for OTS products, approximately 10-20% of the product's list price, are routinely applied if a customer is liquidating inventory and/or returns a product after 30 days.