

**Account Contact Information** Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ \*RMA#: \_\_\_\_\_

*\*Please contact Customer Service at 800.432.3466 to request a Return Material Authorization (RMA) number. This is required for shipping, receiving, and tracking the product throughout the repair process.*

**Billing and Shipping**

PO# \_\_\_\_\_ Billing Account #: \_\_\_\_\_ Shipping Account #: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

**Shipping Preference**

Ground

Next Day A.M.

Next Day P.M.

2-Day A.M.

2-Day P.M.

City: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.*

**Patient Information**

**Patient's Last Name:** \_\_\_\_\_

**Patient's First Name:** \_\_\_\_\_

Male  Female Age \_\_\_\_\_

**Weight** \_\_\_\_\_ (LBS) **Height** \_\_\_\_\_ (IN)

**Leg:**  Left  Right

**This brace was fabricated (check box)**

- Less than six months ago
- More than six months ago

**Please tell us when you need this brace back**

**Product Type/Model:** \_\_\_\_\_

**Reason for Returning This Product**

- Repair Service  
*In the Instructions section (below) or on an attached note, please indicate the existing problem that needs to be resolved.*
- Remold/Remake  
*A new cast, digital leg scan or leg measurements is routinely required to remold/remake a custom or "customized" knee brace. In the Instructions section (below) or on an attached note, please describe the problem that needs to be resolved. Did you send a new cast mold and/or new measurements?*  
 Yes  No
- Refurbish  
*Generally includes replacement of product parts including straps, pads, liners, hinge covers and refurbishing and realignment of joints. You can individually order only the replacement of specific parts if the entire brace does not need servicing. Please note the parts you want replaced in the Instructions section below.*
- Refurbish & Repaint  
*Includes refurbish services as well as repainting of the brace (applies to paint finish or powdercoated braces). Repainting or new powdercoat finish is not covered by any warranty.*

- Repaint New paint or powdercoat finish  
*(not covered under any warranty).*

**INSTRUCTIONS**

*Issue(s) and what you want our staff to do*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Check this box if you want us to call and speak with you PRIOR to performing any repair work on this product.
- Check this box if you only want to be called if there will be non-warranty charges for servicing this product.

**Please Provide Contact Information...**

Your Name \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

**Townsend Internal Use Only**

**RECEIVED** \_\_\_\_\_ **SHIPPED** \_\_\_\_\_