## ottobock.

## Ottobock repair request form.

Please complete this form in its entirety and submit by clicking the "Email Form" button, or by printing and shipping with the device to the below address:

**Ottobock-Great Lakes Building Attn: Service Department** 3820 West Great Lakes Drive, Salt Lake City, UT 84120

	Practitioner Information		Ship To Information
Customer Number:		Facility:	
Practitioner Name: *Required Field		Address:	
Practitioner Email: *Required Field		City:	
CC Email:		State:	
Practitioner Phone: *Required Field		Zip Code: *Required Field	
Facility Fax Number:			

	Patient and D	evice Information		PLEASE NOTE:				
Patient Last Name, First Initial:								
Patient Device: *Required Field				for microprocessor knees, we require sending in the pylon, remote, and charging system. This will expedite the service process and assist				
Device Serial Number:								
Pylon Length:								
Pylon Serial Number:				with faster turnaround times. Thank you for				
Remote Lot #:				choosing Ottobock!				
Charger Lot #:								
Additional Items:								
Loaner Required: 🗌 Ye	es 🗌 No	Loaner Pylon Required:	🗌 Yes	No	Loaner Charger Required: 🗌 Yes	No		
All loaners will be scheduled to the next available date based on volume and availability. If you require a loaner urgently, please contact <b>After-Sales Service at 800-328-4058</b> .								
Why is the device coming in for repair?								

\*Required Field