



Warranty Form

To return the product to Cascade Orthopedic Supply, please provide the following information and a copy of the product label.

Fit Date: _____

Fail Date: _____

Reason for Return:

Product Serial Number (SN): _____

Patient weight: _____

Patient activity level: _____

Replacement PO if applicable: _____

Reason for product failure:

Patient injury occurrence (Yes/No): _____