

# RETURN FORM

## - ToeOFF®/Ypsilon™/BlueRocker™

Serial no: \_\_\_\_\_

Return no: \_\_\_\_\_

Date: \_\_\_\_\_

Product code: \_\_\_\_\_

### Patient information

- Male       Bilateral  
 Femal       One foot

### Product information

- X-Small       Left  
 Small       Right  
 Medium  
 Large  
 X-Large

### Weight

- < 60 kg       60-80 kg       80-100 kg       > 100 kg

### How did the product break?

- Suddenly       Gradually

Fitting Date: \_\_\_\_\_

### Comments:

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### Have the patient used AFO before?

- YES       NO

### If yes, did they break?

- Often       Normal       Not at all

### Patient activitylevel

- Very high       High       Low       Very low  
Free activity      Walkes a few      Shorter distances      Walkes only  
                         kilometers      out door      in doors

### Does patient often do squatting?

- YES       NO

### Has the patients knee bent at heel strike?

- YES       NO

### Comments:

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### O&P Facility:

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***Replacement can only be approved if this form is correctly filled out and returned with the product. Contact Customers service for return authorization number. Return should be done with in the warranty time. Thank you for your co-operation!***