

RETURN FORM

KiddieGAIT® BABY - KiddieGAIT® – KiddieROCKER®

Before you return the product to Allard INT please contact Customer Service for a return authorization number. Replacements can only be approved if this form is correctly filled out and returned with the product. Returns should be made with in the warranty period*. Thank you for your co-operation.

Serial no: _____ Product code: _____

Return no: _____ Date: _____

P & O Facility: _____

Patient Information:

Boy Bilateral user.

Girl Unilateral user.

Product Information:

KiddieGAIT Baby

Small

Medium

Large

KiddeGAIT/KiddieROCKER

Small

Medium

Large

X-Large

Right

Left

Fitting date: _____

How did the product break?

Gradually

Suddenly

Comment: _____

Patient activity level

Very High

All types of activity
include jumping and
different sports

High

Walks a few km and plays

Low

Walks out and indoors

Very Low

Walks only indoor

Adjustments done on the brace (grinding, wedge material etc.)

Yes

No

If yes, what adjustments _____

Adjustments done above the sole (Insole, custom made insole, SMO, DAFO, langes,etc)

Yes

No

If yes, what adjustments: _____

Other comment: _____

* For Warranty Policies, see www.allardint.com, Downloadcenter/Allard AFO Documents