

## livingskin™ repair / rework form

Please contact your Össur Customer Service Team to arrange repair / rework of your livingskin device

**PLEASE FILL OUT BELOW**

Customer Name: \_\_\_\_\_

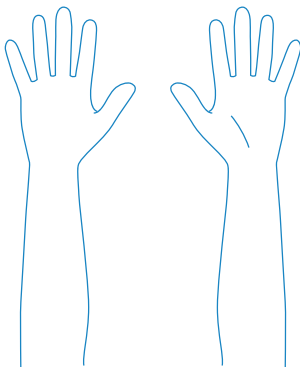
Practitioner Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Please mark any spot on the device that require repair / rework in below sketch. Please **don't** mark the spots on the device itself with any pen. Your Customer Service Team will provide a repair / rework reference - **please always include that reference when sending in your device.**

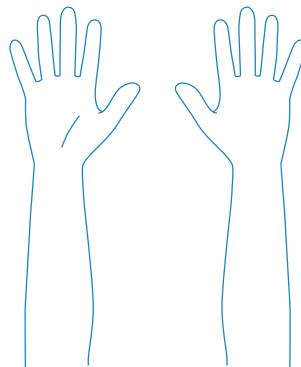
Left hand \_\_\_\_\_

Right hand \_\_\_\_\_



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**PLEASE DESCRIBE PRODUCT ISSUE IN DE TAIL BELOW**

**TO BE FILLED OUT BY ÖSSUR  
CUSTOMER SERVICE ONLY**

Original POEU reference:

\_\_\_\_\_

Rework/Repair POEU reference:

\_\_\_\_\_