

COMPANY

Patient Name			Date
Customer Name			Sales Order #
Ship to Address			Need by Date (remake)
City	ST/Prov	Zip	

REMAKE REASON

MATERIAL	ORDER ERROR
<input type="checkbox"/> Fabricated With Incorrect Material	<input type="checkbox"/> Incorrect Componentry Ordered
<input type="checkbox"/> Plaster Mod Error Resulting In Poor Fit	<input type="checkbox"/> Incorrect Material Ordered
<input type="checkbox"/> Fabricated with incorrect pattern	<input type="checkbox"/> Incorrect Device/Product Ordered
FINISH WORK	<input type="checkbox"/> Initial Measurements Incorrect
<input type="checkbox"/> Fabricated With Incorrect Trim Lines	<input type="checkbox"/> Incorrect Pattern Ordered
<input type="checkbox"/> Poor Workmanship	<input type="checkbox"/> Branch Finishing Error
SURESTEP WARRANTY	SHIPPING
<input type="checkbox"/> Patient Growth Within 90 Days <input type="checkbox"/> Material Failure Within 90 Days	<input type="checkbox"/> Ship-Shipping Damage

ADDITIONAL INFORMATION

Provide additional details describing the issues faced with the original device (e.g., <i>Improper fit - describe</i>):	
Instructions for remake request: (e.g., <i>remake with new measurements, etc</i>)	
Additional comments:	

SURESTEP USE ONLY

RMA:
Case: