

Claim Authorization #

Please contact Customer Service at (360) 915-9724 or toll free in the US at (888) 977-6693 for authorization number.

Please reference this number when returning the device.

Originator of Claim

Prosthetist/Patient

Clinic/Facility

Product Details

Serial Number(s) _____

Patient's Occupation: _____ Device(s) Worn at Work? Yes No

Activities/Sports Where Device(s) Worn: _____

Details of Claim

Date Fitted: _____ Date Failed: _____

Reason for Return: _____

Direct Patient Contact Permission

Please check this box if Naked Prosthetics is authorized to contact the patient directly if further information is needed.

Patient's Telephone Number: _____
