

Repair Submission Form

Please fill out the entire form so we can take all your requirements into account.

Clinic: _____ Clinician Name: _____ E-mail: _____

Phone: _____ Patient ID: _____ Serial Number: _____

Reason for Repair/Service: _____

What happened to cause the damage? _____

What were they doing when they noticed it? _____

What do they use the device for? _____

When did they notice it? _____ How often do they wear the device? _____

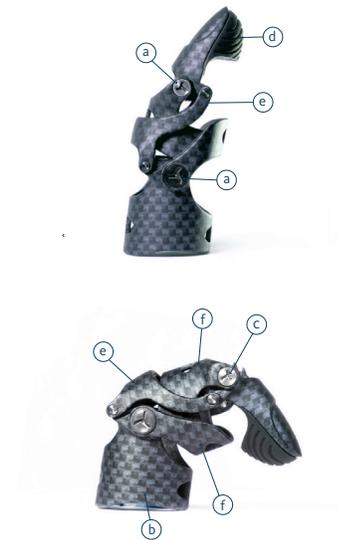
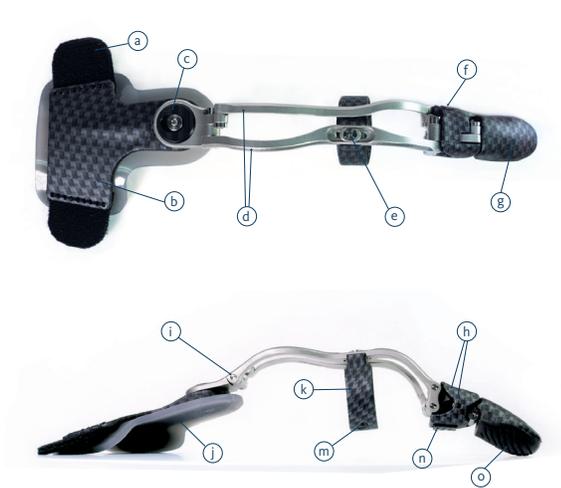
What specific work do they do? _____

What specific activities/hobbies do they use the device for? _____

Refer to the images below. Please select the unit and enter the respective letter of the part that requires repair:

MCPDriver. Letter: _____

PIPDriver. Letter: _____



List of Parts

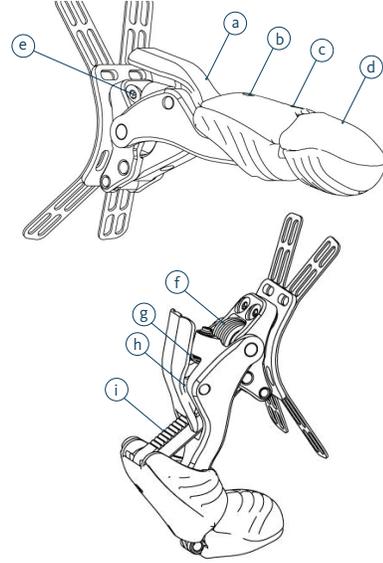
- | | |
|--------------------------------------|------------------------------------|
| a. Strap Attachments | h. P2 Fairing |
| b. Custom Backplate | i. Hinge joint |
| c. Abduction/Adduction Washer | j. Doral Silicone Interface |
| d. Custom Metal Linkages | k. Suspension Ring |
| e. Ring Adjustment Screw | l. Ring Shim Hole |
| f. P2 Lateral Pad | m. Silicone Pad |
| g. Device Tip | n. Silicone Tip |

List of Parts

- | |
|------------------------------------|
| a. Large Fastener |
| b. Ring |
| c. Small Fastener |
| d. Silicone Tip |
| e. Tendon |
| f. Cage (Dorsal and Palmer) |

ThumbDriver. Letter: _____

GripLock Finger Alignment Jig Letter: _____



List of Parts

- | | |
|--------------------------------------|--------------------------------------|
| a. Anchor Plate | h. Hinge Joint |
| b. Abduction/Adduction Washer | i. Metacarpal Knuckle Pad |
| c. Thumb Anchor | j. Suspension Ring |
| d. Custom Metal Linkages | k. Ring Shim Hole |
| e. Ring Adjustment Screw | l. Tip Angle Adjustment Screw |
| f. Device Tip | m. Silicone Tip |

List of Parts

- | | |
|------------------------------------|--------------------------|
| a. Pawl (release lever) | g. Pawl Interface |
| b. Fairing Attachment Screw | h. Pawl Hinge |
| c. P2 Fairing | i. Teeth |
| d. GLF Tip | |
| e. Anchor Attachment Screws | |
| f. Spring | |

NOTES:

Please supply photo of affected unit when submitting this form.

To ensure data protection compliant methods are used for sending videos, photos, and forms to Naked Prosthetics, please contact customer care for a data safe link - info@npdevices.com

The above information is true to the best of my knowledge. I acknowledge that this data will be utilized for the repair or servicing of the device. By signing the form, I am accepting responsibility for the information herein.

In this context, I agree to the processing of personal data, measurement forms, and media by Naked Prosthetics to the extent required for the purpose of testing, ordering, and repairing Naked Prosthetics products. Processing by Naked Prosthetics shall be in compliance with data protection requirements according to the applicable general legal provisions. I am aware that this declaration can be revoked at any time by notifying Naked Prosthetics (info@npdevices.com).

Clinician signature _____ Date _____

