



Customer Return Checklist

F-821-026, Rev. D

c/o Freedom Innovations, LLC, 425 East 400 North, Gunnison, UT 84634 USA **Toll Free:** (888) 818-6777 **FAX:** (435) 528-7494

Thank you for your order. I am confident that our products and service will meet and exceed your expectations. If you choose to return one of our products, please identify the reason for your return on the checklist below, discuss your reasons in the Comment section and return the form to us. Assuring your satisfaction is our highest priority.

Craig A. White, Manager for Quality Systems

1.0 PRODUCT & CUSTOMER IDENTIFICATION

Order #	RA#	S/N	Product (P/N)	Customer	()
Age	Weight	Activity Level	Frequent Activities		Telephone

2.0 REASON FOR RETURN

Prosthetic Feet	Foot Covers
<input type="checkbox"/> Adjustment Obstacles	<input type="checkbox"/> Appearance Unacceptable Describe:
<input type="checkbox"/> Another Foot Preferred	<input type="checkbox"/> Color <input type="checkbox"/> Too Light <input type="checkbox"/> Too Dark <input type="checkbox"/> Ebony wanted
<input type="checkbox"/> Appearance Unacceptable	<input type="checkbox"/> Fit is Poor Describe:
<input type="checkbox"/> Stiffness <input type="checkbox"/> Too Soft <input type="checkbox"/> Too Stiff	<input type="checkbox"/> Noise Describe:
<input type="checkbox"/> Movement Unacceptable Describe:	<input type="checkbox"/> Worn out Describe:
<input type="checkbox"/> Size <input type="checkbox"/> Too Small <input type="checkbox"/> Too Large	<input type="checkbox"/> Wrong <input type="checkbox"/> Size <input type="checkbox"/> Side <input type="checkbox"/> Style
<input type="checkbox"/> Clearance Issue	<input type="checkbox"/> Other Describe:
<input type="checkbox"/> Insurance Issue	
<input type="checkbox"/> Patient Unavailable	
<input type="checkbox"/> Cosmetic Finishing Issue Describe:	
<input type="checkbox"/> Mistaken order Describe:	
<input type="checkbox"/> Multiple order	
<input type="checkbox"/> Noise Describe:	
<input type="checkbox"/> Repair Required Describe:	
<input type="checkbox"/> Broken, Delaminated Describe:	
<input type="checkbox"/> Sample (Demo)	
<input type="checkbox"/> Other Describe:	

Comments: