

Customer Return Checklist

Please contact Customer Service to obtain a Return Authorization (RA) number prior to returning products. Please identify the reason for your return on the checklist below, discuss your reasons in the Comment section and return the product(s) to:

Freedom Innovations Returns, 425 East 400 North, Gunnison, UT 84634.

Assuring your satisfaction is our highest priority.

1.0 Product & Customer Identification

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

2.0 Reason For Return

Prosthetic Feet

- Adjustment Obstacles
- Another Foot Preferred
- Appearance Unacceptable
- Stiffness
 - Too Soft
 - Too Stiff
- Movement Unacceptable
 - Describe: _____
- Size
 - Too Small
 - Too Large
- Clearance Issue
- Insurance Issue
- Patient Unavailable
- Cosmetic Finishing Issue
 - Describe: _____
- Mistaken order
 - Describe: _____
- Multiple order
- Noise
 - Describe: _____
- Repair Required
 - Describe: _____
- Broken, Delaminated
 - Describe: _____
- Sample (Demo)
- Other
 - Describe: _____

Foot Covers

- Appearance Unacceptable
 - Describe: _____
- Color
 - Too Light
 - Too Dark
 - Ebony wanted
- Fit is Poor
 - Describe: _____
- Noise
 - Describe: _____
- Worn out
 - Describe: _____
- Wrong
 - Size
 - Side
 - Style
- Other
 - Describe: _____

Comments: _____

