

# Ottobock repair request form.

ottobock.

Please complete this form in its entirety and submit by clicking the "Email Form" button, or by printing and shipping with the device to the below address:

**Ottobock Healthcare Attn: Service Department**  
5470 Harvester Rd, Burlington, ON L7L 5N5

## Practitioner Information

Customer Number:

Practitioner Name:

*\*Required Field*

Practitioner Email:

*\*Required Field*

CC Email:

Practitioner Phone:

*\*Required Field*

Facility Fax Number:

## Ship To Information

Facility:

Address:

City:

Province:

Postal Code:

*\*Required Field*

## Patient and Device Information

Patient Last Name,  
First Initial:

Patient Device:

*\*Required Field*

Device Serial Number:

Pylon Length:

Pylon Serial Number:

Remote Lot #:

Charger Lot #:

Additional Items:

### PLEASE NOTE:

**for microprocessor knees, we require sending in the pylon, remote, and charging system.** This will expedite the service process and assist with faster turnaround times. Thank you for choosing Ottobock!

Loaner Required:  Yes  No      Loaner Pylon Required:  Yes  No      Loaner Charger Required:  Yes  No

All loaners will be scheduled to the next available date based on volume and availability. If you require a loaner urgently, please contact After-Sales Service at 800-665-3327.

### Why is the device coming in for repair?

*\*Required Field*

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To check the status of a repair, please call Ottobock After-Sales Service at 800-665-3327 or email us at [ServiceCanada@ottobock.com](mailto:ServiceCanada@ottobock.com).