Blatchford BLATCHFORD Products Ltd.

Please enclose the fully completed ACS form with your product return so that we already have all the relevant data for rapid processing. Thank you very much!

ACS SERVICE

Please request the ACS processing number by e-mail with completed form -> will be assigned by Blatchford.

e-mail: acs@blatchford.co.uk

Please label the returned product with this ACS number.

Client number:

BLATCHFORD SALES REPRESENTATIVE:

ORIGINATOR OF REPORT

Facility:

PATIENT DETAILS

Non-identifiable Patient reference:

Weight:

Amputation Side: Left ☐ Right ☐ Bilateral ☐

Level of Amp: TT ☐ KD ☐ TF ☐ HD ☐

Occupation:

Activity Level: 1 ☐ 2 ☐ 3 ☐ 4 ☐

Impact Level (Feet): Low ☐ Mod ☐ High ☐

Activities/Sports:

DETAILS OF LIMB INVOLVED

Product Description:

PRODUCT HISTORY

Original Purchase Order/ Invoice No:

Purchase Date:

DETAILS OF CLAIM

Product Code:

SN/Batch Code:

Date Fitted:

Date Failed:

Reason for Return: (Error description)

Repair: Yes ☐ No ☐

Service: Yes ☐ No ☐

Prosthetist/ Manager:

Loan unit necessary during service time? Yes ☐ No ☐

Contact Tel:

Fax:

E-Mail:

Date:

In the event of your warranty claim being rejected, we will not return the item to you, unless you ✓ the box: ☐

CAB USE ONLY

Warranty Approved ☐ YES / NO* ☐ Signed: Date:

REMEMBER, to return part to customer if box ✓

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