Orthosis Warranty Policy

www.reboundot.com Bellingham ▪ Lynden

Patient Name:_____________________________________ Date:_________________

Orthosis

Below are the orthosis and/or supplies issued to the patient on this date of service:

HCPCS	Item Description	Manufacturer	Quantity	Price

I am aware that adjustments or repairs due to normal wear after the 30 day warranty period may be charged to me or my insurance. I understand that ReBound PT, OT & Hand Therapies will not accept the return of stock orthoses that have been worn.

Initials_______________

Today I received the supplies / services above which are in good condition and appear to be free of defects. All items are satisfactory to me at this time. Care and use of this device has been explained to me. I have been instructed to contact the office with any additional questions or problems.

Initials_______________

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Patient Signature Date