Prosthetic Returns Department
Steeper Group
Unit 3, Stourton Link
Intermezzo Drive
LEEDS | LS10 1DF
United Kingdom

UPPER LIMB PRODUCT RETURNS FORM

RTA N°_____

In order to for us to process your product return, please ensure that this form is completed with the relevant information.

Note – Without this information the return cannot not be processed & delays may occur.

Customer _____Original Sales Order Number_____

Product Code_____ Product Name _____

Serial, LOT, Batch N°(s) (as applicable) _____QTY_____

Date Fitted_____ Date Failed_____

Action Required: (Please Identify) ☐ Costed Repair ☐ Warranty Repair ☐ Credit ☐ Replacement

Product within warranty period: Yes ☐ No ☐

Reason for the Return: ☐ No longer required ☐ Incorrectly Ordered ☐ Upgrade
☐ Service Update ☐ Steeper Hand Loaner Return
☐ Issue / Fault (Please describe below)

Description of Issue / Fault:

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