

EMS Order form

Multi-Surface Flexible Inner Socket

For Additional Order Forms Please go to our webpage at
www.networkmfg.com/order-ems

Your Account Information:

Date Ordered: _____.

Purchase Order Number: _____.

Ordered by: _____.

Bill to Address: _____.

Prosthetist: _____.

Phone: _____.

Email Address: _____.

Ship to Address: _____.

Return Shipping options if UPS: _____ Next Day: _____ Two Day: _____ Ground: _____.

Other Return Shipping if not UPS: _____.

Patient Information:

Last Name: _____ First Name: _____.

Patient K-Level: K1: _____ K2: _____ K3: _____ K4: _____.

Left: _____ Right: _____.

Transtibial: _____ Transfemoral: _____.

Items to be Ordered Information:

EMS "Multi-Surfaced Flexible Inner Socket": _____ (Your Cost **\$950.00**)

Corrugation Reductions: _____ (Mark Areas within the cast radially including Distal end as an option)

Standard Test-Socket with Distal end Air Chamber: _____ (Your Cost **\$225.00** when ordered with EMS)

Test-Socket with-out Distal end Air Chamber: _____ (Your Cost **\$225.00** when ordered with EMS)

Additional EMS "Multi-Surfaced Socket": _____ (Your Cost **\$475.00** when ordered with the first EMS)

Prosthesis Application Information:

Elevated Vacuum: _____ Suction type System: _____ Pin Type system: _____.

Prosthetist's Notes to Manufacturer: _____ (use page 2)

To re-order EMS without changes, indicate the "Inner Sockets Serial Number": _____.

Payment Terms: 30 Net from date of invoice

Warranty information for your EMS "Multi-Surface Flexible Inner Socket" see page 2:

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Send Fiberglass cast & order form to:

EMS-NETTwork Manufacturing
40091 County Road 1
Rice, MN 56367
Phone: 320 654 8352
Email: ems@networkmfg.com

Warranty information:

The “Multi-Surfaced Inner Flexible Socket” is custom-made for each individual patient. There is a six-month warranty for manufacturing defects or material failure.

If you proceeded that for some reason, the product may have a manufacturing defect. We require a replacement purchase order be filled out and sent. We will manufacture a replacement as soon as possible and return it to you. Upon receiving the re-placement, you will be required to send back the proceeded defective product along with picture of the outer definitive socket and our EMS “Inner Socket” mated together for our evaluation of your outer definitive socket trim line.

Upon evaluation of returned inner socket and picture, a determination will be made as to warranty coverage for the replacement. Failure on your part to return the original EMS “Inner Socket” and pictures, the warranty will be immediately revoked and is no longer valid.

The day your replacement is shipped, you will be invoiced for the full cost of the replacement EMS “Inner Socket”. If in our determination the failure was caused by a manufacturer defect or material failure, the replacement invoice will be voided.

Prosthetist’s Notes to Manufacturer; _____ .
_____.
_____.
_____.
_____.