

# **Custom Liner Order Form**

Send plaster cast & order form to:

## **Patented EMS Custom Liner**

NETTwork EMS  
40091 County Road 1  
Rice, MN 56367

Date Ordered: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Ordered by: \_\_\_\_\_

Bill to Address: \_\_\_\_\_

Prosthetist: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Billing Email Address: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Shipping preference: UPS ground (no charge) \_\_\_\_\_ Other (please specify) \_\_\_\_\_

### **Patient Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### **Items to be Ordered Information: *Pricing below valid when ordering directly from NETTwork EMS***

Patented custom EMS liner: \_\_\_\_\_ (Your cost \$500.00) Duplicate custom EMS liner\*: \_\_\_\_\_ (Your cost \$250.00)

*\*note- duplicate means an exact same liner using the same cast provided, no exceptions*

To re-order a custom liner without changes, indicate the Serial Number: \_\_\_\_\_

### **Payment Information:**

Full payment due Net 30. Now accepting credit cards! (subject to 3.5% processing fee)

### **Warranty information:**

Our patented custom liner comes with a 30 day replacement warranty which begins the day your order ships. If you (patient or prosthetist) suspect a material failure or fabrication defect, call us immediately at 866-654-0858

You may be asked to provide the following: purchase order number, serial number, date suspected defect was observed, and photos. Once the warranty exchange is approved, you will be shipped a replacement liner along with a return shipping label to send us the defective liner. We value each and every customer & we appreciate the opportunity to assist in providing a better quality of life for amputees.

### **Prosthetist's Notes to Manufacturer:**

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For additional information, please visit us at:

[www.NETTworkMFG.com/EMS](http://www.NETTworkMFG.com/EMS)