

**Trulife Limited Warranty • Orthotic Warranty Card**

Trulife warrants each of its orthotic devices, subject to conditions below, to be free from defects in material and workmanship under normal use, service, and proper installation, for the time period specified below:

| Item Type        | Models     | Warranty Period  | Warranty Begins From    |
|------------------|------------|--|-------------------------|
| Orthotic Devices | All models | Ninety (90) days   | Date of initial fitting |
| Matrix / Medial  | All models | Two (2) year: hardware<br>Ninety (90) days: straps/pads/liners | Date of initial fitting |

If failure of a purchased product occurs during this period because of a defect in material or workmanship, upon satisfaction of the conditions set forth below, Trulife will replace, repair, or refund the product at no charge to the original retail purchaser. Your sole and exclusive remedy, as the original retail purchaser, in the event of a defect is found, is expressly limited to replacement or repair of the product, although Trulife may elect to refund, not to exceed the purchase price, rather than replace or repair the product. Replacement products are warranted for only the remainder of the original warranty period. Warranty is nontransferable and may only be exercised by the original purchaser.

The limited warranty contained herein is in lieu of all other written or express warranties. Any implied warranty, including the implied warranties of merchantability or fitness for a particular purpose, is limited in length to the duration of this limited warranty. Some states do not allow limitation on how long an implied warranty lasts, so the above limitation may not apply to you.

Trulife's sole responsibility is to replace, repair, or refund as stated herein, and Trulife shall not be liable for any special, indirect, or consequential damages including loss of time, inconvenience, loss of the use of the product, or commercial losses. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

Trulife maintains confidentiality with any and all information supplied on the registration card.

Keep this portion of card for your records. Invoice # \_\_\_\_\_ Date \_\_\_\_\_  
Return Authorization # \_\_\_\_\_

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Thank you for purchasing this Trulife product. Should you find it necessary to return this product, please fill in this warranty card and return it with the proof of purchase and the product to the point of purchase, to be sent to Trulife. If purchased directly from Trulife be sure to obtain a Return Authorization number from Trulife. Failure to do so will result in delay of processing your request.

|                                    |   |   |
|------------------------------------|---|---|
| Item purchased from                | Trulife <input type="checkbox"/> Yes <input type="checkbox"/> No  | Invoice # _____   |
| Other (please specify) _____       |   |   |
| Patient ID # _____                 |   |   |
| Practitioner Name _____            |   |   |
| Contact Name _____                 | Tel # _____   |   |
| Product Code _____                 | Size _____  |   |
| Side _____                         |   |   |
| Installation Date _____            | Incident Date _____   |   |
| Patient Information                | Weight _____<br>Serial # _____<br>Bilateral User <input type="checkbox"/> Yes <input type="checkbox"/> No | Impact level (check one)<br><input type="checkbox"/> Low (walking with aid)<br><input type="checkbox"/> Med-Low (limited walking)<br><input type="checkbox"/> Med (walking only)<br><input type="checkbox"/> Med-Hi (light sports, jogging)<br><input type="checkbox"/> High (running, active sports, farming, or equivalent) |
| Reason for return _____            |   |   |
| Activity at time of incident _____ |   |   |
| Return Authorization # _____       |   |   |

**Trulife Limited Warranty • Additional Conditions on Applicability**

Trulife shall have no obligation under the limited warranty until and unless the following additional conditions are met:

- 1 The product is installed and maintained under the direction of a Certified Medical Practitioner and in accordance with the published installation and user guide;
- 2 The product is returned to the original place of purchase along with this warranty card filled out completely and proof of purchase;
- 3 Trulife has not tested and does not warrant the use of its products in combination with products not manufactured by Trulife. It is possible that such use may cause failure and/or breakage, which may cause injury.

**NOTE: Products returned to Trulife become the sole property of Trulife and may be destroyed during analysis or evaluation. Product returned to Trulife will not be sent back to the purchaser, purchaser's agent, or patient if destructive evaluation methods are used.**

**Certification**

This warranty card must be signed by the Certified Medical Practitioner in charge.

*I certify that all conditions of the warranty, including the additional conditions on applicability of limited warranty, are met.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Contact Trulife Customer Service for a Return Authorization number:**

|   |  |   |
|---|--|---|
| <b>US Customer Service</b><br>Tel: 800.492.1088 Fax: 800.245.3765 | <b>International Customer Service</b><br>Tel: 360.697.5656 Fax: 844.318.1114 | <b>Canada Customer Service</b><br>Tel: 800.267.2812 Fax: 613.392.4139 |
|---|--|---|

**PLEASE INCLUDE THIS PORTION OF THE CARD WITH PRODUCT WHEN SUBMITTING THE RETURN**

