

# Proof of Delivery Form

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

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

I have received this device:

## **RYBO Custom Brace (AFO)**

(Check all that apply to the device manufactured)

\_\_\_\_ **L1940** A SEMI-RIGID ORTHOSIS TO CONTROL THE FOOT AND ANKLE, CUSTOM MOLDED FROM A MODEL OF THE PATIENT, CUSTOM FABRICATED, INCLUDES CASTING AND CAST PREPARATION.

\_\_\_\_ **L2330** A LEATHER, OR SIMILAR MATERIAL, LACER MOLDED FROM A MODEL OF THE PATIENT, THAT FITS AROUND THE CALF AREA. INCLUDES CASTING AND CAST PREPARATION.

\_\_\_\_ **L2820** ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION.

I am satisfied with both the workmanship and fit of the device at the time of delivery. I have also been fully advised as to the use of this appliance and understand its limitations. I also understand a guarantee on components, under normal use, is extended for 90 days after delivery, during which time the company will make any repairs necessary to maintain the appliance in good working condition. After 90 days a service charge, based on hourly rate and materials, will be made for any repairs. I also understand that the company will not be responsible for any changes or additions to this appliance not ordered by the prescribing physician or in the event the appliance has been altered or repaired by anyone other than representatives of the company. I have received a copy of the 21 Supplier Standards.

\_\_\_\_\_  
**Patient's Signature or  
Authorized Representative Signature**

\_\_\_\_\_  
**Witness**