Custom Liner Order Form

Patented EMS Custom Liner

Send plaster cast & order form to:

NETTwork EMS 40091 County Road 1 Rice, MN 56367

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Date Ordered:	Miss, The Session				
Purchase Order Number:					
Ordered by:					
Bill to Address:					
Prosthetist:	Company:				
Phone:					
Email Address: I	Billing Email Address:				
Ship to Address:					
Shipping preference: UPS ground (no charg	e) 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, indica	te the Serial Number:				
Payment Information:					
Full payment due Net 30. Now accepting credit car	ds! (subject to 3.5% processing fee)				
Warranty information:					
•	placement warranty which begins the day your order ships. If you or fabrication defect, call us immediately at 866-654-0858				
observed, and photos. Once the warranty exchange	ase order number, serial number, date suspected defect was ge is approved, you will be shipped a replacement liner along with a general was we suppreciate the of life for amputees.				
	Prosthetist's Notes to Manufacturer:				







