

ORDER FORM

SEND PLASTER CAST AND ORDER FORM TO :

**NETTWORK EMS**40091 County Road One
Rice, MN 56367

Date Ordered

Ordered By

Email Address

Billing Email Address

Billing Address

Purchase Order Number

Prosthetist

Phone

Billing Phone

Note: Full payment due Net 30. Now accepting credit cards! *Subject to 3.5% processing fee.***Ship To Address**

Shipping Preference

UPS Ground (No Charge)

Other (Please Specify;
fees apply to int'l
orders and will be
added to final
invoice)

Patient Name

Items to be Ordered: *Pricing below valid only when ordering directly from NETTwork EMS.*New custom
EMS Liner

\$500.00

Two custom
EMS Liners

\$750.00

Reorder
custom EMS
Liner*

\$500.00

*To re-order a custom liner without changes, indicate Serial Number :

Scan and send completed form to EMS@NettworkMFG.com or (855) 654-0858

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 (855) 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 and we appreciate the opportunity to assist in providing a better quality of life for amputees.