



PROTOSTHETICS

Contact Protosthetics, LLC
Telephone 701-478-2001
Email contact@protosthetics.com
Website www.protosthetics.com

EXTENDED WARRANTY FORM

Protosthetics custom functional foot orthotics are covered for 3 months against flaws in materials and craftsmanship. Our team offers extended coverage for purchase in the following two ways:



Option 1: **2-Year Repair Plan (\$80.00)**

This plan provides additional coverage for 2-years from the date of invoice for unlimited repairs to your original orthotic device prescription.

Option 2: **2-Year Full Plan (\$100.00)**

This plan provides additional coverage for 2-years from the date of invoice for a single replacement of your original prescription due to the unforeseen.

Enrollment in either plan is required within 30 days of received invoice. Neither plan covers the cost of visit/casting fees that may be required. Consult your Practitioner before enrollment.



Extended Warranty Form – Please return lower half of form with payment.

Name _____

Method of payment: Check Cash

MAIL TO: Protosthetics LLC, 617 4TH St N STE 1, FARGO ND 58102

Orthotic Order Number _____ MasterCard American Express Visa

Address _____ Credit Card Number _____

Phone _____ Security Code _____

Email _____ Expiration Date _____

Select one: Year Repair Plan Year Full Plan Signature _____