



**Manfredi
Orthotic
Prosthetic
Affiliates, LLC**

DONNING, DOFFING, WEARING INSTRUCTIONS

Date: _____

Name: _____

I have received: _____

I have been informed and understand all donning, doffing, and wearing instructions.

I have been fully advised on the:

1. Purpose and function of this device
2. Proper care and use of this device
3. Potential risks/benefits and precautions
4. How to report problems and malfunctions
5. When and to whom to report changes in physical condition or general health

I understand a guarantee on components under normal use for a period of 90 days after delivery, during which, time the company will make any repairs necessary to maintain the device in good working condition. After 90 days a service charge, based on an 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 device has been altered or repaired by anyone other than a representative of this company.

Patient/Authorized Representative

If Authorized Representative, Print Name

Administrative Office

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