



Foot & Ankle Injury mobility specialists

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PURCHASE FORM

Date _____
(Please fill out and fax back)

Name of Purchaser _____ Phone: () _____

Purchaser Address _____

Purchaser Email _____

Name of Patient _____

Patient Address _____

Would you like delivery Yes ____ No ____ If so directions to address _____

Desired Delivery Day and Time _____

Injury on? Left ____ Right ____ Height ____ Weight ____ Middle of knee to floor _____

Patient's Doctor _____ Phone () _____

Referral Name _____

Referral Address _____

Purchaser shall pay \$595.00 plus all associated taxes, handling, delivery, and shipping costs.

Do you desire to add a basket (\$40 + tax and shipping) Yes ____ No ____

No refunds, except for deposit, if any remains. Out of area clients add shipping costs. Cancellation fee of \$50.00 will be charged for cancellations on the day of delivery. Delivery in service area is \$25. I understand that it is my responsibility to follow the manufacturer's instructions for operation and safety of the turning leg caddy, and to use common sense. Children will not be allowed to use the product (unless the child is the patient). Neither RAMM TLC nor Kneelys LLC assumes any liability for any injury or damages arising from the use or misuse of this product. Kneelys does not manufacture the product and therefore the product is sold with NO WARRANTIES, EXPRESS, IMPLIED, or of any other nature whatsoever, including but not limited to merchantability or fitness for a particular purpose, and the entire risk of the quality and performance of the product is between RAMMTLC and the Purchaser. Should the product prove defective, the Purchaser should contact RAMMTLC (425) 775-7584 relative to servicing or repair and any other liability associated with any product(s) purchased. Purchaser shall defend, indemnify, and hold Kneelys harmless from any and all claims or demands made against Kneelys for any damages, injuries, liabilities, losses, expenses, or costs, of whatever type or nature which are alleged or claimed to be directly or indirectly caused or related to the manufacture, use, or misuse of the product(s) purchased. If I have questions, I will contact Kneelys (661) 589-4414 for assistance.

Purchaser Signature

Patient Signature