

# Center for Custom Prosthetics

David Trainer  
Maxillofacial Prosthetist  
Partner/Owner



Jorge Franco Canales  
Maxillofacial Prosthetist/Ocularist

## **AFFIDAVIT OF ACCEPTANCE AND DELIVERY DME Certification and Receipt Form**

I \_\_\_\_\_, the undersigned accept the prosthesis that has been fabricated for me by David Trainer / Jorge Franco Canales.

I hereby, accept and acknowledge the Custom Prosthesis in its current state. I Accept the excellent quality, fit, shape, size, alignment and the exact coloring match. I also, Accept the professionalism that was exercised during my visits to the Center For Custom Prosthetics for procedures done by David Trainer / Jorge Franco Canales and their staff. Upon signature of this acceptance and delivery, no refund will be issued and I do not obligate the company Raymond E Peters Inc. to make any adjustments after the time period explained to me and accepted on the product warranty without incurring in a fee.

### **Custom Prosthetic Accepted:**

No. of Items: \_\_\_\_\_ Type of Prosthesis: \_\_\_\_\_

Fitting: \_\_\_\_\_ Alignment: \_\_\_\_\_ Sculpting/V&M: \_\_\_\_\_

Coloring: \_\_\_\_\_ P & C: \_\_\_\_\_ ADJ: \_\_\_\_\_ BU: \_\_\_\_\_

I have received instructions and information on how to use the Custom Prosthesis safely and effectively.

### **PRODUCT WARRANTY**

The custom prosthesis that has been fabricated by David Trainer / Jorge Franco Canales for

\_\_\_\_\_ is warranted under the following conditions; The Prosthesis will remain Satisfactory for **(3 to 6 months) or (1 to 3 years)** after the date of delivery of the prosthesis. Any discrepancy with the custom prosthesis must be addressed to the Center For Custom Prosthetics within 15 days of Delivery date. Any discrepancy regarding fitting will be adjusted within the first 30 days after the delivery date. This would not apply when there has been a change in the patient's medical condition or growth/atrophy of the patient's surgical area making the current prosthetic no longer appropriate for his or her needs. Any changes needed after the first 30 days will inquire in an additional fee. Repairs not included above are the responsibility of the patient.

**During the warranty period The Center For Custom Prosthetics will provide or arrange any services including repairs, or cleaning the Custom Prosthetic free of charge.**

### **Important Notice:**

It is important to understand that a Custom Prosthesis is a foreign object that your body needs to recognized and get used to. Discharge in the socket may occur and is not always related to the prosthesis , foreign agents as dust, dirt, allergies, climate changes, infection process can modify the internal Bio-environment of the cavity and produce or increase discharge.

### **CERTIFICATION**

**This is to certify that on (month/day/year) \_\_\_\_\_ the patient received a CUSTOM \_\_\_\_\_ prosthesis as prescribed by the physician. The custom made prosthetic has been properly fitted to the patient and/or meets the patient's needs. The patient, parent or the guardian of the patient, and/or caregiver of the client has received training and instruction regarding the custom made prosthetic's proper use and maintenance.**

\_\_\_\_\_  
DME Supplier  
Raymond E Peters Inc

\_\_\_\_\_  
Patient/Guardian/ Caregiver Signature

\_\_\_\_\_  
Procedure codes:

\_\_\_\_\_  
Printed Patient/Guardian/ Caregiver Name