

Invacare[®] Series ContourU_® and Silhouette_®



Remake Form

Attention: Please fill out this remake form completely and with as much detail as possible. Remakes are inconvenient for all involved and we'd like to ensure we get your remake done right and that we have fewer remakes in the future. A member of remake review team will be contacting you to ensure accuracy. Please include photos if possible.

Company Name:	Date:
Account #:	Contact Name:
Ship To Address:	E-mail Address:
City/State/Zip:	Phone Number:
Pindot Sales Rep:	Purchase Order #:
Custom Molded CLIP file name:	*Note: CLIP file name= 1st Initial, 1st 3 of last name & Account #
Client Reference:	
Remake Type Seat Remake Seat Remake Silhouette Sea Back Remake Silhouette Bac Seat and Back Remake ContourU Seat ContourU Back ContourU Back	k New CLIP File New Skribbl'r File New Plaster Cast Original Shape
Remake ReasonExplanaIncorrect or Omitted Feature	ation:
Fit Cushions didn't match molded shape	
Client needs to be remolded CHER Please describe	
Order Options Use Original Order form with NO option changes Submitting a NEW order form with changes	One of these options must be selected
Original PO Original Order Number Original Cushion Serial Number* * (written on the cushion) Reusing Original Pindot Pan	One of these options must be selected. Please provide original order information.
Seat Pan: Width Depth " Back Pan: Width " Height " Reusing Original Mounting Hardware (Do Not resend ha Quote/ Order Acknowledgement to be sent to:	ardware with remake) @.com
Customer Requested Change - Specific reasons needed or the remake will not be processed.	
BACK:	