

Patient Commission/Configuration ID: _____

Functional Unit Serial Number: _____ Date of Invoice: _____

Also check the pressure of the pneumatic spring before handing over the orthosis and, if necessary, reinflate it.

1. Maintenance after 6 Months* (from date of invoice)

Item	20 mm	Description	Potential Problem	Measure	Done	Date
8a	SL0355-11	roll unit	wear	replacing		
8b	SL0355-12	air filter	soiling	replacing		
9	SL0355-01	guide piece	wear	replacing		
-	-	pressure of the pneumatic spring**	slow plunger movement	inflate pressure of the pneumatic spring		

* depending on the assessment of the distributor of the custom-made product regarding the patient's usage behaviour

** Also check the pressure of the pneumatic spring before handing over the orthosis and, if necessary, reinflate it.

Location, Date _____ Signature of the Orthotist _____

2. Maintenance after 12 Months* (from date of invoice)

Item	20mm	Description	Potential Problem	Measure	Done	Date
7	SL0365-L or SL0365-R	0° flexion stop disc with sliding bushing	wear	replacing		
7	SL0365-2L or SL0365-2R	5° flexion stop disc with sliding bushing	wear	replacing		
7	SL0365-4L or SL0365-4R	10° flexion stop disc with sliding bushing	wear	replacing		
8a	SL0355-11	roll unit	wear	replacing		
8b	SL0355-12	air filter	soiling	replacing		
9	SL0355-01	guide piece	wear	replacing		
-	-	pressure of the pneumatic spring**	slow plunger movement	inflate pressure of the pneumatic spring		

* depending on the assessment of the distributor of the custom-made product regarding the patient's usage behaviour

** Also check the pressure of the pneumatic spring before handing over the orthosis and, if necessary, reinflate it.

Location, Date _____ Signature of the Orthotist _____

Patient Commission/Configuration ID: _____

Functional Unit Serial Number: _____ Date of Invoice: _____

3. Maintenance after 18 Months* (from date of invoice)

Item	20mm	Description	Potential Problem	Measure	Done	Date
3	see maintenance plan	sliding washer, Ø = 24mm	wear	replacing		
5	VE3771-012/26	O-ring damper	wear	replacing		
7a	BP1211-L077	sliding bushing	wear	replacing		
8a	SL0355-11	roll unit	wear	replacing		
8b	SL0355-12	air filter	soiling	replacing		
9	SL0355-01	guide piece	wear	replacing		
-	-	pressure of the pneumatic spring**	slow plunger movement	inflate pressure of the pneumatic spring		

* depending on the assessment of the distributor of the custom-made product regarding the patient's usage behaviour

** Also check the pressure of the pneumatic spring before handing over the orthosis and, if necessary, reinflate it.

Location, Date _____ Signature of the Orthotist _____

4. Maintenance after 24 Months* (from date of invoice)

Item	20mm	Description	Potential Problem	Measure	Done	Date
7	SL0365-L or SL0365-R	0° flexion stop disc with sliding bushing	wear	replacing		
7	SL0365-2L or SL0365-2R	5° flexion stop disc with sliding bushing	wear	replacing		
7	SL0365-4L or SL0365-4R	10° flexion stop disc with sliding bushing	wear	replacing		
8a	SL0355-11	roll unit	wear	replacing		
8b	SL0355-12	air filter	soiling	replacing		
9	SL0355-01	guide piece	wear	replacing		
-	-	pressure of the pneumatic spring**	slow plunger movement	inflate pressure of the pneumatic spring		

* depending on the assessment of the distributor of the custom-made product regarding the patient's usage behaviour

** Also check the pressure of the pneumatic spring before handing over the orthosis and, if necessary, reinflate it.

Location, Date _____ Signature of the Orthotist _____

Patient Commission/Configuration ID: _____

Functional Unit Serial Number: _____ Date of Invoice: _____

5. Maintenance after 30 Months* (from date of invoice)

Item	20mm	Description	Potential Problem	Measure	Done	Date
8a	SL0355-11	roll unit	wear	replacing		
8b	SL0355-12	air filter	soiling	replacing		
9	SL0355-01	guide piece	wear	replacing		
-	-	pressure of the pneumatic spring**	slow plunger movement	inflate pressure of the pneumatic spring		

* depending on the assessment of the distributor of the custom-made product regarding the patient's usage behaviour

** Also check the pressure of the pneumatic spring before handing over the orthosis and, if necessary, reinflate it.

Location, Date _____

Signature
of the Orthotist _____