

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	*Note CURSI and Addition 4.10 of the board of Account II
CLIP file name:	*Note: CLIP file name= 1st Initial, 1st 3 of last name & Account #
Client Reference:	
Remake Type Seat Remake Back Remake Seat and Back Remake Seat and Back Remake ContourU Seat ContourU Back	t New Silhouette Data Sheets New CLIP File New Skribbl'r File
	Original Shape
Remake Reason Explanation:	
Fit Cushions didn't match molded shape Fit Client needs to be remolded OTHER 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)	One of these options must be selected. Please provide original order information.
Reusing Original Pindot Pan Seat Pan: Width " Depth " Back Pan: Width " Height " Reusing Original Mounting Hardware (Do Not resend hardware with remake) Quote/ Order Acknowledgement to be sent to: @ .com	
Customer Requested Change - Specific reasons needed or the remake will not be processed.	
SEAT:	
BACK:	
DACK.	