

**Purchase Order Verification:**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Device: \_\_\_\_\_

Be advised that by signing this form you are stating an intention to produce a purchase order for the above listed device. By agreeing to produce a purchase order you are initiating the fabrication process. Once a device has entered into the fabrication process the order is not able to be terminated. Furthermore be advised that custom made devices are non-refundable. With this in mind you authorize the production of the above listed device and agree to produce a purchase order for this item.

Sign: \_\_\_\_\_

(Print Name) \_\_\_\_\_

(Title): \_\_\_\_\_