

EXTENDED WARRANTY PROGRAM



GREYCELL
BIOMECHANICS, LLC.



GREYCELL
BIOMECHANICS, LLC.

OPEN
HERE

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HOW TO WEAR & CARE FOR YOUR ORTHOTICS

You have just received your new orthotics. This represents the most advanced, scientific concept in functional foot care. They have been custom-made for you and your individual foot problems.

Because foot orthotics change movement of your foot, you may experience an adjustment period of 1 to 6 weeks. You may feel some discomfort during this time frame such as foot or leg cramping, skin irritation or joint pain; but this should pass.

- Remove all inserts, liners, and arch cookies from your shoes. **Your orthotic must rest on a flat surface to function properly.**
- Wear your orthotics 1 hour the first day; 2 hours the second day; increasing the time by 1 hour each day so that by the end of first week you are wearing them 7 hours per day.
- Wear some type of sock or stocking during the break-in period to avoid skin irritation.
- The shoes you wear can play a major role in your orthotic therapy. If you are unsure of the proper choice of footwear, ask your doctor to advise you.
- If your orthotic's squeak in your shoes, sprinkle a small amount of powder in your shoes prior to inserting your orthotics.
- Your orthotics can be wiped with mild soap on a warm washcloth. **Do not immerse them in water. Do not use hot water as it may cause damage or distortion to your orthotic materials.** Use the warm air flow of a blow dryer to "fluff up" padded top covers that may have compressed over time.

If you are having any difficulties with your orthotics, or they become broken or damaged, notify your doctor.

Remember your feet are the foundation for your entire body. They do a tremendous amount of work each day. Even the slightest misalignment of the bones and muscles can cause a lot of discomfort. Consistently wearing your custom orthotics can be the best investment you can make to your overall well-being!

STATISTICS SHOW THAT PATIENTS FREQUENTLY REPLACE THEIR ORTHOTICS DUE TO LOSS, OR BREAKAGE.

THIS COMPREHENSIVE, EXTENDED WARRANTY PLAN IS DESIGNED TO COVER THE COST OF REPLACING YOUR ORTHOTICS FOR 15 MONTHS FROM THE DELIVERY DATE TO YOUR DOCTOR.

WHAT COVERAGE DO I GET?

ADJUSTMENTS

FULL COVERAGE OF THE COST OF ANY ADJUSTMENT DEEMED NECESSARY BY YOUR DOCTOR FOR THE MENAGEMENT OF YOUR ORTHOTIC THERAPY.

REFURBISHMENT

ONE FREE COMPLETE REFURBISHMENT OF YOUR ORTHOTICS
OR

DAMAGE, LOSS, THEFT

ANY REPLACEMENT REQUIRED DUE TO IRREPARABLE DAMAGE TO YOUR ORTHOTICS. COVERAGE IS NOT EXTENDED TO DELIBERATE DAMAGE, OR TO ADJUSTMENTS MADE TO YOUR ORTHOTICS BY ANYONE OTHER THAN GREYCELL BIOMECHANICS, LLC. OR ANYONE NOT APPROVED BY GREYCELL. FULL COVERAGE IN THE EVENT YOUR ORTHOTICS ARE LOST OR STOLEN.

TERMS & CONDITIONS

GREYCELL BIOMECHANICS, LLC. WILL ONLY PERFORM WORK THAT HAS BEEN AUTHORIZED BY YOUR DOCTOR. YOR DOCTOR WILL DETERMINE THE NATURE OF THE ADJUSMENT, OR WILL VERIFY THE NEED FOR A REPLACEMENT.

THIS WARRANTY IS FOR THE REFURBISHMENT/REPLACEMENT OF YOUR ORTHOTICS. YOUR DOCTOR IS ENTITLED TO CHARGE HIS/HER USUAL FEES.

A COPY OF YOUR WARRANTY RECEIPT MUST ACCOMPANY YOUR REQUEST.

ALL REPLACEMENTS AND/OR ADJUSTMENTS WILL BE SHIPPED TO YOUR DOCTOR.

NOTE: ORTHOTICS WILL ONLY BE REPLACED WITH THE SAME TYPE AS ORIGINALLY PRESCRIBED BY YOUR DOCTOR.

ENROLL ME IN GREYCELL BIOMECHANICS, LLC EXTENDED WARRANTY PROGRAM

PLEASE TEAR OFF THIS PORTION AND RETURN IT WITH A CHECK OR MONEY ORDER FOR **\$95.00** PAYABLE TO GREYCELL BIOMECHANICS, LLC. WITHIN **30 DAYS** OF THE DATE YOUR ORTHOTICS WERE DISPENSED

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

DR'S NAME _____

ORTHOTIC# _____
(FOUND ON YOUR UNDERSIDE OF YOUR ORTHOTICS)

DATE ____/____/____



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