



Certificate of Completion

Orthotics Repair

¹Purchase Order No: _____

The Orthotist is to return this form to SWEP with the invoice when the repair has been completed. Please attach this form once signed by the client to the invoice relating to this repair².

I, _____ (Client's name)
confirm the following repairs have been completed for the below aid/equipment:

Details of repair to orthosis/footwear (to be completed by the Orthotist):

Signed by the Client or authorised delegate³: _____

_____ (Print Name)

_____ (Relationship to client)

Date: _____

¹ For urgent repairs purchase order numbers will be provided by SWEP over the phone

² Invoices for repairs submitted without this form will NOT be processed for payment

³ A legal guardian or power of attorney