



Name*:
Surname*:
Fiscal Code*:
Address, street, n.*:
Town*:
ZIP code*:
Email*:
Mobile*:

**Entitle the
Orthopedic workshop*:**
Street, n.:
Town:
ZIP code*:
Web site*:
Email:
Tel/mobile:

(* required)

For the customisation of the AFO Ópponent

Side:

(R)

(L)

Size:

S (EU: 37, 38, 39; UK: 4, 5, 5,5)
M (EU: 40, 41, 42; UK: 6,5, 7,5, 8 - 8,5)
L (EU: 43, 44, 45; UK: 9, 9,5, 10,5)

And subsequent assistance, until the approval by the prescribing physiatrist, and in any case for **18 months from the purchase**.

The **Orthopedic workshop** has read and accepted the contractual conditions arranged with VivacSo Srl (P.IVA 11419490013, C.so Castelfidardo 30/A, 10129 Torino) by PEC (diego.dolcetta1128@omceove.it).

Place, date:

Stamp and signature:

VivacSo Srl
P.IVA 11419490013, C.so Castelfidardo 30/A, 10129 Torino
PEC: diego.dolcetta1128@omceove.it