



Center for Custom Prosthetics

Raymond E. Peters

Maxillofacial Prosthetist
Owner

David Trainer

Maxillofacial Prosthetist
Partner

AFFIDAVIT OF ACCEPTANCE AND DELIVERY

I _____ the undersigned accept prosthesis that has been fabricated for me by Raymond E Peters / David Trainer.

I hereby, accept this Custom Prosthesis for the excellent quality of the fitting, and the exact coloring match. I also, accept the professionalism that was exercised during my visits to the Center for Custom Prosthetics for procedures by Raymond E. Peters / David Trainer and their staff.

No. of Items: _____

Type of Prosthesis: _____

Checklist of Items Reviewed by Patient: Please Initial:

Fitting: _____

Sculpting: _____

Coloring: _____

I have received Instructions and Information on how to "use the Medicare-covered items safely and effectively".

Date of Delivery and Acceptance: ____/____/____

Patient Signature: _____