

PRODUCT CARE

Your Virage Custom Breast Prosthesis is made of Silastic silicone, and is designed to be easy-care and flexible for your active lifestyle.

You can wash your Virage Custom Breast Prosthesis as often as you like. Just gently hand wash using warm water and your own soap, and gently pat dry with a towel. Avoid sharp objects, jewelry, pins, etc. when wearing or handling your Virage Custom Breast Prosthesis. It can be punctured.

Your Virage Custom Breast Prosthesis can be worn for swimming. If you should notice a gain in the weight of your prosthesis during or after water contact, it may have sustained a puncture, and could be absorbing water. We can repair any such damages within the product warranty described below.

Your Virage Custom Breast Prosthesis can be worn or carried onto an airplane in the passenger cabin. Because the cargo area of an airplane is not pressurized, you should not pack your prosthesis in luggage that will be checked, as this may cause your prosthesis to be damaged. It is best to wear the prosthesis on board, but in the event you are unable to do so, refrain from packing the prosthesis under any other object as the silicone is soft and lifelike, and will take on the shape of anything placed on top of or against it.

Avoid prolonged exposure to extremes in heat or cold. Store your Virage Custom Breast Prosthesis at room temperature when you are not wearing it.

In very rare instances, it is possible for any product in contact with the skin to cause irritation or a rash. If you notice any skin irritation or rash in the area where your prosthesis is worn, stop using your prosthesis and seek professional attention.

PRODUCT WARRANTY

YOUR VIRAGE CUSTOM BREAST PROSTHESIS IS WARRANTED FOR TWO YEARS FROM DATE OF PURCHASE AGAINST ANY DEFECTS IN MANUFACTURING AND WORKMANSHIP AT THE TIME OF SALE. SHOULD YOUR VIRAGE CUSTOM BREAST PROSTHESIS SUSTAIN DAMAGE WITHIN THE TWO YEAR WARRANTY PERIOD ARISING FROM SUCH CAUSES, PLEASE CONTACT US BEFORE THE EXPIRATION OF THE WARRANTY PERIOD, AND WE WILL MAKE ARRANGEMENTS TO REPAIR, OR AT OUR SOLE OPTION, REPLACE THE DEFECTIVE PRODUCT. THIS WARRANTY IS EXCLUSIVE OF ALL OTHER WARRANTIES EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. IN NO CASE SHALL CONTOURMED INC. EVER BE LIABLE FOR MONETARY OR OUT OF POCKET DAMAGES OF ANY KIND, NOR FOR INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES, TO THE RETAILER OR THE ULTIMATE WEARER, INCLUDING BUT NOT LIMITED TO DAMAGES BASED UPON OR DERIVED FROM LOSS OF BUSINESS OR CUSTOMERS, LOST PROFITS OR OTHER ECONOMIC DAMAGES, EVEN IF SUCH DAMAGES RESULT FROM NEGLIGENCE OR OTHER FAULT.

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 www.contourmed.com

OWNERSHIP REGISTRATION CERTIFICATE

Customer/Retailer please print or type and mail immediately to validate warranty.

Purchaser's Name		Date of Purchase			
Store Name					
Store Address					
City		State		Zip	
Brassiere Manufacturer		Model No.		Size	
Type of Insurance:	<input type="checkbox"/> Private	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> OHMO/PP0	
Age:	<input type="checkbox"/> Under 40	<input type="checkbox"/> 40-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65-79	<input type="checkbox"/> 80+
Type of Surgery:	<input type="checkbox"/> Mastectomy	<input type="checkbox"/> Lumpectomy	<input type="checkbox"/> Reconstruction		
Name of Surgeon/Oncologist: _____					
Is this your first Virage Breast Form?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Previous product(s) worn: _____ <i>Please Specify</i>					
Why did you choose this form?		<input type="checkbox"/> Fitter Recommendation	<input type="checkbox"/> Friend/Relative Recommendation		
		<input type="checkbox"/> Advertisement	<input type="checkbox"/> Other		
Comments: _____					

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Purchaser's Name		Date of Purchase			
Address					
City		State		Zip	
( )					
Phone					