

## **FAX OR EMAIL COMPLETED FORMS**

Fax 866.700.7837 or e-mail to orders@surestep.net Customer Service 877.462.0711

CUSTOMER INFORMATION				Date			
Phone				Contact			
				Fax			
Email				PO #			
Patient Name (If applicable) _							
BILLING ADDRESS						Suite #	
City				5[d	te	ZIP	
Prefabricated				Custom	Си	stom cut to measurements,	
reiabilicateu				Custom	sta	indard Surestep turnaround ne applies.	
SIZE	QTY	COLOR				Measurements	
Adult (Patient >5 ft. tall)  Naist is 56", Leg is 106"x 2"		□ White □ Beige □ Blad	ck	Waist	Т		
Pediatric (Patient <5 ft. tall) Waist is 30", Leg is 90"x 1"		□ White □ Beige □ Blac	ck	Height			
<b>īrial Set</b> □ Pediatric □ Adult		□ White □ Beige		Select Color: ☐ White ☐ Beige			
Note: Like all custom Su Prefabricated Derotation			Strap	os are not returna	able. I	Return policy only applies to	
SHIPPING OPTIONS  UPS Ground	\$	:10.00 □ 2 <sup>nd</sup> Day (by 12:00 p.m	n.)	\$25.00	Next [	Pay (by 10:30 a.m.)\$50.00	
☐ 3 Day Select	\$		-				
	ount mus	Bill Existing Surestep Account st provide credit card information t may have regarding your order.	o place	e an order. Please cal	l a Sure	estep Customer Service	
Credit Card Number				Expiration Date Security Code			
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□ Discover □ Visa □ N	/lasterCard	d	Month	Year			
Signature (as shown on credit card)				Date			

**RETURN POLICY** Returns will be accepted for this product given that it remains in its original condition and is received within 10 days of the purchase date. Modified or damaged products will not be accepted. Products will be inspected upon return. To receive full reimbursement for your purchase, please complete the return form included in the packaging and follow the instructions indicated.