Surestep | DEROTATION STRAP FORM

FAX OR E-MAIL COMPLETED FORMS

Fax 866.700.7837 | E-mail orders@surestep.net | Phone 877.462.0711 *Orders cannot be processed if indicated fields are left blank

policy only applies to Prefabricated DeRotation straps.

PATIENT (IF APPLICABLE)				BILLING / SHIPPING		
Date (dd/mm/yy)				Billing Address		
Last Name/Patient ID						
First Name				*City		
DOB	Weight 🛛 Male 🗆 Female		*ST/Prov *Zip/Postal Code			
Dx Need by date				□ Shipping address same as billing		
COMPANY				Shipping Address		
*Name						
Contact Name				City		
*Phone Fax			ST/Prov Zip/Postal Code			
E-mail						
PREFABRICATED				CUSTOM	Custom cut to measurements, standard Surestep turnaround time applies.	
SIZE	QTY	COLOR			Measurements	
Adult Patient >5 ft. tall		🗆 White 🗆 Beige 🗆 Black		Waist		
Waist is 56", Leg is 106"x 2"				Height		
Pediatric Patient <5 ft. tall Waist is 30", Leg is 90"x 1"		🗆 White 🗆 Beige 🗆 Black		Select Color: White Black		
Trial Cat				Note: custom DeRota	tion Straps cannot be returned. The return	

PAYMENT INFORMATION

Trial Set

□ Pediatric □ Adult

□ Bill Existing Surestep Account

□ White

Those without an existing account must provide credit card information to place an order. Please call a Surestep Customer Service Representative with any questions you may have regarding your order.

Credit Card Number	Expiration Date Security Code
□ Discover □ Visa □ MasterCard □ American Expre	ss 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.