



PATIENT (IF APPLICABLE) BILLING / SHIPPING

Form with fields: Date (dd/mm/yy), Last Name/Patient ID, First Name, DOB, Weight, Male/Female checkboxes, *City, *ST/Prov, *Zip/Postal Code, Dx, Need by date, Shipping address same as billing checkbox.

COMPANY Shipping Address

Form with fields: *Name, Contact Name, *Phone, Fax, ST/Prov, Zip/Postal Code, E-mail.

PREFABRICATED CUSTOM Custom cut to measurements, standard Surestep turnaround time applies.

Table with columns: SIZE, QTY, COLOR, Measurements. Rows include Adult, Pediatric, and Trial Set options with color selection (White, Beige, Black).

Empty form area for additional notes or specifications.

PAYMENT INFORMATION Bill Existing Surestep Account

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 (16 digit grid), Expiration Date (Month/Year), Security Code (4 digit grid).

Discover Visa MasterCard American Express

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.