

PATIENT (IF APPLICABLE) BILLING / SHIPPING

Date (dd/mm/yy)		Billing Address	
Last Name/Patient ID			
First Name		*City	
DOB	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	*ST/Prov *Zip/Postal Code
Dx	Need by date		<input type="checkbox"/> Shipping address same as billing

COMPANY		Shipping Address	
*Name			
Contact Name		City	
*Phone	Fax	ST/Prov	Zip/Postal Code
E-mail		PO#	

OFF THE SHELF CUSTOM MEASUREMENT FORM

As the height of posterior cranial rest pad should be at the sub-occipital level, each prefab DCO order is able to be adjusted. If metal upright extends below the inferior trimline of the thoracic pad, snap scored tab off, shortening the upright, using a pair of pliers or a small adjustable wrench. Note: Additional contouring of the uprights will likely be required.

Size	Upright Size	Quantity
Infant	7" - 11"	
Pediatric	13" - 17"	
Adult	19" - 23"	

CUSTOM DCOs CANNOT BE RETURNED. RETURN POLICY ONLY APPLIES TO PREFABRICATED DCOs. MODIFIED OR DAMAGED PRODUCTS WILL NOT BE ACCEPTED, THIS INCLUDES SNAPPING OF THE SCORED TAB ON THE UPRIGHT.

SHIPPING OPTIONS

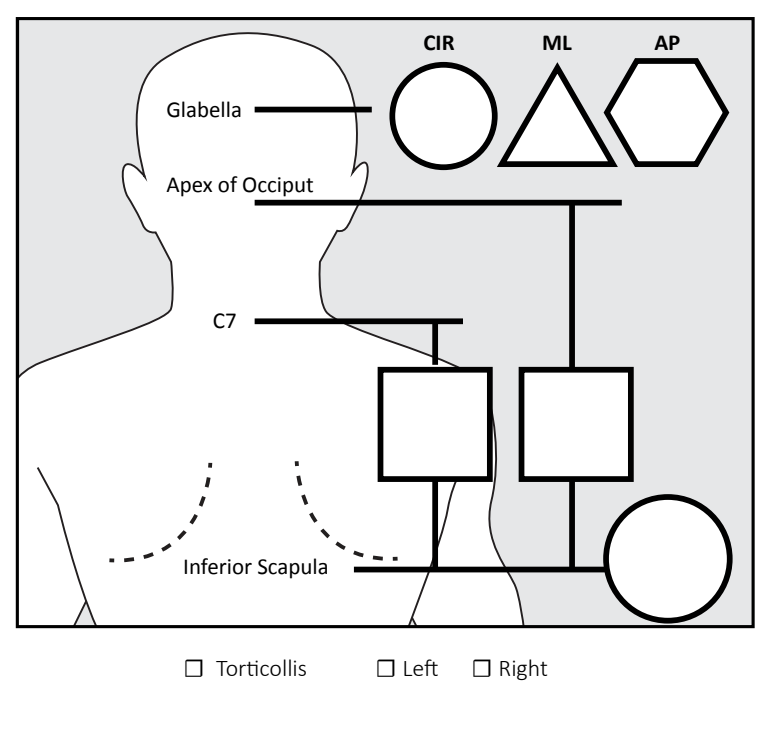
UPS Ground\$10.00

3 Day Select\$15.00

2nd Day (by 12:00 p.m.)\$30.00

Next Day Saver\$45.00

Next Day (by 10:30 a.m.)\$55.00



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

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Discover Visa MasterCard American Express

Expiration Date

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Month Year

Security Code

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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.