

## **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

PATIENT (IF APPLICABLE)				BILLING / SHIPPING		
Date (dd/mm/yy)				Billing Address		
Last Name/Patient ID				, and the second		
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			PO#			
PREFABRICATED			,	CUSTOM	Custom cut to measurements, standard Surestep turnaround time applies.	
SIZE	QTY	COLOR			Measurements	
Adult Patient >5 ft. tall Waist is 56", Leg is 106"x 2"		□ White □ Beige □ Black		Waist		
Pediatric				Height		
Patient <5 ft. tall Waist is 30", Leg is 90"x 1"		□ White □ Beige □ Blac		k Select Color: □ White □ Black		
Trial Set  ☐ Pediatric ☐ Adult		□ White		Note: custom DeRotation Straps cannot be returned. The return policy only applies to Prefabricated DeRotation straps.		
SHIPPING OPTIONS         UPS Ground						
PAYMENT INFORMATION						

**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.