

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#	

RETURN ITEM Please indicate which product you are returning.

Product					Product				
<input type="checkbox"/> Athletic Shoes	Size	<input type="checkbox"/> White/Pink Trim	<input type="checkbox"/> White/Blue Trim	<input type="checkbox"/> Black	<input type="checkbox"/> DCO	<input type="checkbox"/> Infant	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult	
<input type="checkbox"/> SMO Socks		<input type="checkbox"/> Toddler	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Criss Crossers	<input type="checkbox"/> X-Small	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large

REASON FOR RETURN Check all that apply and add any additional comments you may have regarding the merchandise.

Sizing	Service	Quality		Additional Comments
<input type="checkbox"/> Too Small	<input type="checkbox"/> Wrong Item Shipped	<input type="checkbox"/> Defective Product	<input type="checkbox"/> Fabric/Material Performance	
<input type="checkbox"/> Too Large		<input type="checkbox"/> Battery Malfunctioned	<input type="checkbox"/> Product Did Not Meet Expectations	

EXCHANGE Reorder product in the correct size/color here (shoes are available in toddler size 3 - youth size 12, half sizes are not available).

Product					Product				
<input type="checkbox"/> Athletic Shoes	Size	<input type="checkbox"/> White/Pink Trim	<input type="checkbox"/> White/Blue Trim	<input type="checkbox"/> Black	<input type="checkbox"/> DCO	<input type="checkbox"/> Infant	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult	
<input type="checkbox"/> SMO Socks		<input type="checkbox"/> Toddler	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Criss Crossers	<input type="checkbox"/> X-Small	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large

RETURNS: REIMBURSEMENT INFORMATION Existing Surestep Account

Those without an existing account must provide the credit card information used in the original purchase. 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

SHIPPING INSTRUCTIONS

These instructions must be followed to receive full reimbursement for your return.

- Returns must be unworn, in the state you received them and in the original packaging
- Merchandise must be shipped in a well-sealed box
- For shoe returns, all listed items must be included: shoes, laces, inserts, shoe box, shoe return form
- For Criss Crossers returns, the pants and battery must be included in the return shipment
- For DCO returns, all listed items must be included: the brace, 3 uprights, 4 elastic bands, 3 headbands

For detailed information on returning a specific product, please reference the instruction guide provided with your merchandise

SHIPPING ADDRESS

17530 Dugdale Dr.
 South Bend, IN 46635

QUESTIONS?

Call 877.462.0711 to speak with a customer service representative