



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

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

CUSTOM FIT CUSTOM
Custom cut to measurements. Standard Surestep turnaround time applies.

SIZE	QTY	COLOR	MEASUREMENTS	LEFT	RIGHT
Adult (Patient >5 ft.) <i>Waist is 56", Leg is 106"x 2"</i>		<input type="checkbox"/> White <input type="checkbox"/> Beige <input type="checkbox"/> Black	Circ at Mid Thigh:		
			Circ of Calf:		
			KC to Sole:		
Pediatric (Patient <5 ft.) <i>Waist is 30", Leg is 90"x 1"</i>		<input type="checkbox"/> White <input type="checkbox"/> Beige <input type="checkbox"/> Black	Waist to KC:		
			Leg Length Deformity:		
			Waist Circ:		
Trial Set <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult		<i>Available in White</i>	Color:	<input type="checkbox"/> White	<input type="checkbox"/> Black
			Note: Custom DeRotation Straps cannot be returned. The return policy only applies to Custom Fit DeRotation straps.		

SHIPPING OPTIONS

<input type="checkbox"/> UPS Ground\$10.00	<input type="checkbox"/> 2 nd Day (by 12:00 p.m.)\$30.00	<input type="checkbox"/> Next Day (by 10:30 a.m.).....\$55.00
<input type="checkbox"/> 3 Day Select.....\$15.00	<input type="checkbox"/> Next Day Saver\$45.00	

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	Expiration Date	Security Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	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.