

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

Discover Visa MasterCard American Express

Expiration Date

Month Year

Security Code

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