

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"/> Shoes	Size	<input type="checkbox"/> DCO	<input type="checkbox"/> Infant	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult
<input type="checkbox"/> White/Pink	<input type="checkbox"/> White/Blue	<input type="checkbox"/> Black (Toddler)	<input type="checkbox"/> Purple	<input type="checkbox"/> Criss Crossers	<input type="checkbox"/> X-Small
<input type="checkbox"/> Green	<input type="checkbox"/> Gold	<input type="checkbox"/> Black (Youth)	<input type="checkbox"/> SMO Socks	<input type="checkbox"/> Toddler	<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"/> Shoes	Size	<input type="checkbox"/> DCO	<input type="checkbox"/> Infant	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult
<input type="checkbox"/> White/Pink	<input type="checkbox"/> White/Blue	<input type="checkbox"/> Black (Toddler)	<input type="checkbox"/> Purple	<input type="checkbox"/> Criss Crossers	<input type="checkbox"/> X-Small
<input type="checkbox"/> Green	<input type="checkbox"/> Gold	<input type="checkbox"/> Black (Youth)	<input type="checkbox"/> SMO Socks	<input type="checkbox"/> Toddler	<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

<p>SHIPPING INSTRUCTIONS</p> <p>These instructions must be followed to receive full reimbursement for your return.</p> <ul style="list-style-type: none"> • 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 <p>For detailed information on returning a specific product, please reference the instruction guide provided with your merchandise</p>	<p>SHIPPING ADDRESS</p> <p>17530 Dugdale Dr. South Bend, IN 46635</p> <p>QUESTIONS?</p> <p>Call 877.462.0711 to speak with a customer service representative</p>
---	--