



**PATIENT (IF APPLICABLE) BILLING / SHIPPING**

Date		Billing Address	
Last Name/Patient ID			
First Name		*City	
DOB	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	*ST/Prov
Dx	Need by date		*Zip/Postal Code
		<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**

Band width is determined by leg length. If leg length exceeds 90", a 2" band will be used, otherwise band width is 1".

SIZE	QTY	COLOR	MEASUREMENTS	LEFT	RIGHT
<b>Adult</b> (Patient >5 ft.) Waist length 56" Leg length 106" Band width 2"		<input type="checkbox"/> White <input type="checkbox"/> Beige <input type="checkbox"/> Black	<b>Circ at Mid Thigh:</b>		
<b>Pediatric</b> (Patient <5 ft.) Waist length 30" Leg length 90" Band width 1"		<input type="checkbox"/> White <input type="checkbox"/> Beige <input type="checkbox"/> Black	<b>Circ of Calf:</b>		
			<b>KC to Sole:</b>		
			<b>Waist to KC:</b>		
			<b>Leg Length Deformity:</b>		
<b>Trial Set</b> <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult		Available in White	<b>Waist Circ:</b>		
			<b>Color:</b>	<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 <sup>nd</sup> 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

Discover  Visa  MasterCard  American Express

Expiration Date

Month Year

Security Code

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.