

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"/> Small	<input type="checkbox"/> Medium <input type="checkbox"/> Large
<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

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"/> Small	<input type="checkbox"/> Medium <input type="checkbox"/> Large
<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

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