



PATIENT (IF APPLICABLE)

Date		
Last Name/Patient ID		
First Name		
DOB	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
Dx	Need by date	

BILLING / SHIPPING

Billing Address	
*City	
*ST/Prov	*Zip/Postal Code
<input type="checkbox"/> Shipping address same as billing	
Shipping Address	
City	
ST/Prov	Zip/Postal Code
PO#	

COMPANY

*Name	
Contact Name	
*Phone	Fax
E-mail	

Size	3T	4T	5T	6T	7T	8T	9T	10Y	11Y	12Y	13Y	1Y	2Y	3Y
Style	QTY	QTY	QTY	QTY	QTY	QTY	QTY	QTY	QTY	QTY	QTY	QTY	QTY	QTY
White & Pink														
White & Blue														
Black														
Purple														
Green														
Gold														
Black & Gray														
Heel Entry														

SMO Socks | 1 Pair/Pack, White or Black

Size	Toddler 2" x 5 1/8"	Small 2 3/16" x 7"	Medium 2 3/4" x 8"
Qty			
Color	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> X-static	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> X-static	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> X-static

AFO Socks | 1 Pair/Pack, White or Black

Size	Infant 1 3/4" x 7 1/4"	Toddler 2" x 9"	Small 2 1/4" x 12"	Medium 3" x 15"
Qty				
Color	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> X-static	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> X-static	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> X-static	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> X-static

Shoes are sold as pairs and cannot be sold separately. Half sizes are not available.

FedEx SHIPPING OPTIONS

<input type="checkbox"/> Ground® \$10.00	<input type="checkbox"/> Priority Overnight® 10:30 a.m. next business day \$55.00
<input type="checkbox"/> 2 Day® A.M. 10:30 a.m. or noon 2 nd business day \$30.00	<input type="checkbox"/> First Overnight® 8:00 a.m. next business day \$100.00

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.