



PATIENT (IF APPLICABLE) BILLING / SHIPPING

Form section for Patient and Billing/Shipping information including Date, Patient ID, Age, Weight, Dx, Billing Address, City, ST/Prov, Zip/Postal Code, and Shipping address options.

COMPANY

Form section for Company information including Name, Contact Name, Phone, Fax, E-mail, Shipping Address, City, ST/Prov, Zip/Postal Code, and 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".

Table with columns for SIZE, QTY, COLOR, MEASUREMENTS, LEFT, and RIGHT. Rows include Adult, Pediatric, and Trial Set options with associated measurements and color choices.

FedEx SHIPPING OPTIONS

Form section for FedEx shipping options with checkboxes and prices for Ground, Priority Overnight, 2 Day A.M., and First Overnight.

PAYMENT INFORMATION

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.

Form section for payment information including Credit Card Number, Expiration Date, Security Code, and Signature/Date fields.

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.