

PATIENT (IF APPLICABLE)		BILLING / SHIPPING	
Date (dd/mm/yy)		Billing Address	
Patient ID			
Age (in years)		*City	
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"/> Too Large		<input type="checkbox"/> Battery Malfunctioned	
<input type="checkbox"/> Fabric/Material Performance <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

<p><b>SHIPPING INSTRUCTIONS</b></p> <p>These instructions must be followed to receive full reimbursement for your return.</p> <ul style="list-style-type: none"> <li>• Returns must be unworn, in the state you received them and in the original packaging</li> <li>• Merchandise must be shipped in a well-sealed box</li> <li>• For shoe returns, all listed items must be included: shoes, laces, inserts, shoe box, shoe return form</li> <li>• For Criss Crossers returns, the pants and battery must be included in the return shipment</li> <li>• For DCO returns, all listed items must be included: the brace, 3 uprights, 4 elastic bands, 3 headbands</li> </ul> <p>For detailed information on returning a specific product, please reference the instruction guide provided with your merchandise</p>	<p><b>SHIPPING ADDRESS</b></p> <p>17530 Dugdale Dr. South Bend, IN 46635</p> <p><b>QUESTIONS?</b></p> <p>Call 877.462.0711 to speak with a customer service representative</p>
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