

RETURN FORM



Order Number: _____ Provider Name: _____
Phone Number: _____ Patient Name: _____
Address: _____
Reason for Return: _____

PRODUCTS BEING RETURNED: For Credit For Warranty Replacement For Exchange

Items:	Quantity:	Approved by:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REPLACE OR EXCHANGE PRODUCT WITH THE FOLLOWING:

Items:	Quantity:	Approved by:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Completed By: _____ Date: _____

RETURN POLICY

Prefabs: You may return new, unopened non-printed items within 30 days of delivery for a full refund **minus a 20% Restocking Fee**. We will also pay the return shipping costs if the return is a result of our error (you recieved an incorrect or defective item, etc.)

Customs: All custom orthotics and braces are non-refundable.