



RETURN FORM

Order #: _____ Doctor Name: _____

Phone #: _____ Patient Name: _____

Address: _____

Reason for Return: _____

Products Being Returned: For Credit For Warranty Replacement For Exchange **FM Use Only**

Items	QTY	Approved by:

Replace or Exchange Product with the Following:

Items	QTY	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 orthtics and braces are non-refundable.