



# 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 orthotics and braces are non-refundable.