



RETURN FORM

SHOE SIZE AND FIT

This style may not run true to size. The shoe length selected may vary from the patient's measurements or their current shoe size by up to one full size. The length selected was based on an analysis of the patient's foot. Notify the patient of this style variability if they question the shoe length. The only way to confirm the proper length is by checking the fit.

CHECKING FOR PROPER LENGTH

There should be a $\frac{1}{3}$ to $\frac{1}{2}$ inch of allowance beyond the end of the longest toe. If you aren't sure if there is enough room, ask the patient if they feel any of their toes hitting the end or top of the shoe. Consult the SureFit manual for further instructions on checking for a proper fit.

IF THERE IS A FITTING PROBLEM

If you experience any problems with the shoe fit, please call our customer service line while the patient is in the office for immediate assistance. In many cases we can solve the problem during the fitting session.

Customer Service (800) 298-6050

SHOE/INSERT RETURN INFORMATION

Physician Name:	Account #:	Return Auth. #:
Patient's Name:	Date:	Fitter's Name:
Fitting Problem:		
Inserts Returned <input type="checkbox"/> Yes – # of inserts returned _____ <input type="checkbox"/> No – Please make sure to remove inserts from shoes		Shoes Returned: <input type="checkbox"/> Yes <input type="checkbox"/> No

Include this form with the shoe if return is necessary; otherwise discard before dispensing shoe to patient.

Shoes must be returned in their original box. Place shoes/inserts in a mailing carton and affix the prepaid mailing label to the outer carton.