

**Patient Information** (please print clearly)

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Weight \_\_\_\_\_  
 Diagnosis \_\_\_\_\_ Sex M / F

Right Foot      Left Foot      Bilateral

**Shipping & Billing Information**

Company Name \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Shipping Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax # \_\_\_\_\_  
 EMail \_\_\_\_\_  
 P.O. Number \_\_\_\_\_

Has pt. worn SureStep before?    Y    N  
 How do you prefer to receive your order confirmation?  
 FAX                       E-MAIL

**Shipping Options for Continental U.S. (Circle one)**

- |                         |           |
|-------------------------|-----------|
| 1. UPS Ground:          | No Charge |
| 2. 2nd day by Noon:     | \$17.00   |
| 3. Next day by 10:30am: | \$35.00   |

**Chafe Option:**      Plastic (Standard)                      Dacron (Optional, no charge)

**Pattern Options (Circle one)**

**Solid colors:**    White    Blue    Yellow    Pink  
 BabySports2      Beach              Blossom  
 Bugs                  Busy Bees          Butterflies  
 Construction      Dinosaurs          Farm Friends  
 Happy Daisies      Jungle Juggle      Ocean Life  
 Skateboard          Sports1              Traffic Soup

**Strap Color** (Circle one. White will be used as default.)

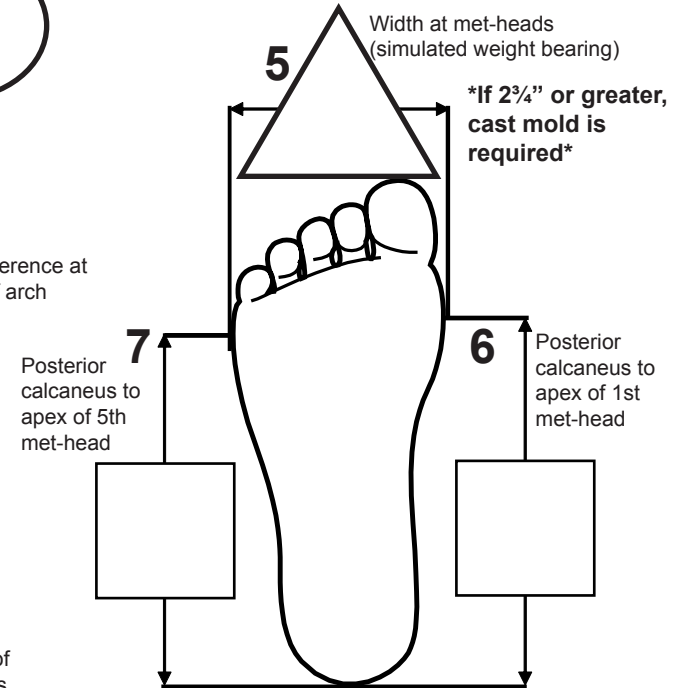
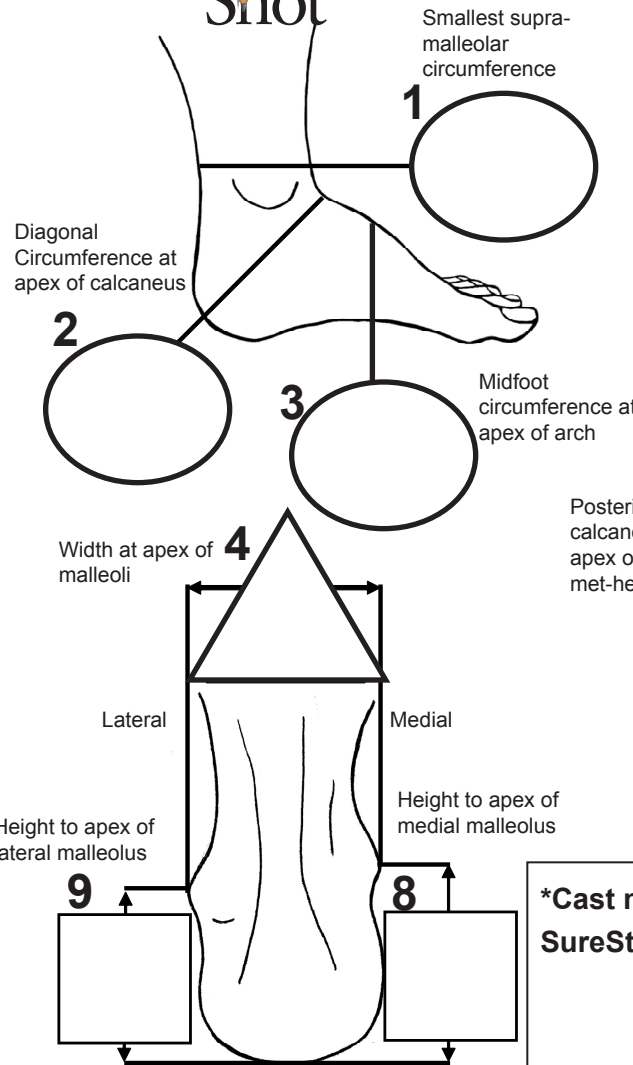
Black • Royal Blue • Lt .Blue • Pink • Purple • Red • White



Version 0209

**SMO Measurement Form**

○ = Circumference  
 △ = Width  
 □ = Distance



**\*Cast mold + measurements required for the SureStep BigShot. Send casts to:**

**SureStep**  
**17530 Dugdale Drive**  
**South Bend, IN 46635**  
**24 Hour Fab Service Request**

**PLEASE RUSH! ADD \$50 FEE**  
 (SHIPPING CHARGES APPLY SEPARATELY)

**NEED BY DATE:**

Toll free:  
 FAX 1-866-700-7837  
 Phone 1-877-462-0711

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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