

SureStep De-rotation Straps/ Miscellaneous Order Form

Shipping & Billing Information

Company Name _____
Contact _____
Billing Address _____
City _____ ST _____ Zip _____
Shipping Address _____
City _____ ST _____ Zip _____
Phone _____ Fax # _____
EMail _____
P.O. Number _____
Patient name _____

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 |

ITEM	QTY
SureStep De-rotation Straps	_____
PT Catalog	_____
Parent DVD/brochure	_____
Other:	_____
_____	_____