



PREMIER ORTHOTICS LAB

RETURN | EXCHANGE FORM

E8-1155 Appleby Line, Burlington, ON L7L 5H9
Tel: (905) 335-7029 Fax: (905) 335-4154
Email: info@premierorthoticslab.com
www.premierorthoticslab.com

CLINIC INFORMATION

Clinic Name: _____
Practitioner Name: _____
Address: _____
City: _____
Postal Code: _____
Phone: _____

PATIENT INFORMATION

Patient Name: _____
Age: _____
Weight: _____
Shoe Size: _____
Gender: M F

OFFICE USE ONLY

Date: _____
L/N #: _____

FOOTWEAR BEING RETURNED FOR CREDIT OR EXCHANGE MUST BE IN ORIGINAL CONDITION, OTHERWISE EXTRA CHARGES WILL APPLY. SHOE ONLY'S CANNOT BE RETURNED FOR CREDIT.

EXCHANGES

MEN'S WOMEN'S YOUTH WITH ORTHOTIC

FROM: MAKE: _____ MODEL: _____ SIZE: _____ WIDTH: _____

TO: MAKE: _____ MODEL: _____ SIZE: _____ WIDTH: _____

MEN'S WOMEN'S YOUTH WITH ORTHOTIC

FROM: MAKE: _____ MODEL: _____ SIZE: _____ WIDTH: _____

TO: MAKE: _____ MODEL: _____ SIZE: _____ WIDTH: _____

RETURNS

MEN'S WOMEN'S YOUTH

1 MAKE: _____ MODEL: _____ SIZE: _____ WIDTH: _____

MEN'S WOMEN'S YOUTH

2 MAKE: _____ MODEL: _____ SIZE: _____ WIDTH: _____

ADDITIONAL INSTRUCTIONS
