

## MODIFICATION / EXCHANGE/RETURN FORM

42 Niagara St., Hamilton, ON L8L 6A2

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DR/CLINIC INFORMATION		PATIENT INFORMATION		
NAME:		PATIENT IN	Onmarion	
	- A NAME:			
ADDRESS: PHONE:	- SEX: □ M □ F	AGE:		
	- R WEIGHT:			
FAX:	- N			
EMAIL:	_ SHOE SIZE:			
□ SHOE RETURN CREDIT ONLY □ SHOE EXC	CHANGE   SH	OE EXCHANGE	WITH ORTHOTIC	
EXCH	ANGES			
□ MEN'S □ WOMEN'S				
SHOE RETURNED FOR CREDIT: Style:	Colour:	Size:	Width:	
NEW SHOE SELECTION: Style:	Colour:	Size:	Width:	
WITH ORTHOTIC: YES NO				
□ MEN'S □ WOMEN'S				
SHOE RETURNED FOR CREDIT: Style:	Colour:	Size:	Width:	
NEW SHOE SELECTION: Style:	Colour:	Size:	Width:	
WITH ORTHOTIC: ☐ YES ☐ NO				
□ MEN'S □ WOMEN'S				
SHOE RETURNED FOR CREDIT: Style:	Colour:	Size:	Width:	
NEW SHOE SELECTION: Style:	Colour:	Size:	Width:	
WITH ORTHOTIC:				
FOOTWEAR POLICIES: - Exchanges / credits ONLY permitted with <u>3 months</u> from invoice				
altered / worn / dirty / scuffs marks or stretched. 2) Footwear must be returned with manufa writing. 3) Special order shoes are non-returnable. 4) Birkenstocks with orthotics are non-re		• • •		
MODIFI	CATIONS			
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MODIFICATION POLICIES - 6 month warranty on all top covers and soft additions when subjected to regular wear. 1) Reconditioning and soft padding modifications of any Oolab product out of warranty, or any non- Oolab product are subjected to modification charges of \$35.00. 2) Modifications that require alterations of shell material, shell modifications, and adjustments based on shoe exchanges and conversions will incur a remoulding charge of \$55.00. Please refer to warranties / policies sheet for complete terms.