

SHOE ONLY ORDER FORM

DR./CLINIC INFORMATION

NAME:

ADDRESS:

PHONE:

FAX:

EMAIL:

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PATIENT INFORMATION

NAME:

SEX: M F YOUTH

AGE:

SHOE SIZE:

SHOE ORDER INFORMATION

1

MEN'S WOMEN'S YOUTH

BRAND: _____ MODEL: _____ SIZE: _____ WIDTH: _____ COLOR: _____

2

MEN'S WOMEN'S YOUTH

BRAND: _____ MODEL: _____ SIZE: _____ WIDTH: _____ COLOR: _____

3

MEN'S WOMEN'S YOUTH

BRAND: _____ MODEL: _____ SIZE: _____ WIDTH: _____ COLOR: _____

4

MEN'S WOMEN'S YOUTH

BRAND: _____ MODEL: _____ SIZE: _____ WIDTH: _____ COLOR: _____

ADDITIONAL INSTRUCTIONS / BACK ORDER

*FOOTWEAR POLICIES: - Exchanges / credits ONLY permitted with 3 months from invoice date provided the following conditions are met:
1) Footwear has not been discontinued / altered / worn / dirty / scuffs marks or stretched.
2) Footwear must be returned with manufacturer's insoles and in its original unmarked packing with NO packing tape shipping labels or writing.
3) Special order shoes are non-returnable.
4) Birkenstocks with orthotics are non-returnable for any reason. Please refer to warranties / policies sheet for complete terms.