



Custom Product Remake Form

CUSTOMER INFORMATION

Customer#: _____ Ship Code: _____

Name: _____

Address 1: _____ City: _____ State: _____ Zip: _____

Address 2: _____ City: _____ State: _____ Zip: _____

Patient Name: _____ Order# or Invoice # _____

Custom Products Return Policy: Custom made products are not refundable. Dr. Comfort will re-work or replace custom made products at no charge to the customers satisfaction. Must be returned for remake within 3 months.

REASON FOR RETURN: (Please indicate in sections 1 or 2)

1) ADJUSTMENT NEEDED

- Lower the arch
- Raise the arch
- Add a modification or accomodation
- Change to size _____
- Change shoe style _____
- Other _____

2) QUALITY ISSUE

- Too Thick
 - Too thin
 - Duplicate order
 - Other
 - Does not match patients foot
 - Not made as ordered
 - Cause pain or other trauma
- ** Please include pictures when possible to help indicate pain or trauma

PLEASE FILL OUT EITHER SECTION A OR B:

A) I AM RETURNING CUSTOM PRODUCT ONLY

- Custom Diabetic Inserts
- Toe Filler L5000
- Functional Orthoses
- Modified Shoes

Change Requested: _____

B) I AM RETURNING CUSTOM PRODUCT AND SHOES (Return Information)

Style Name _____ Color _____ Size _____

Width	Pairs of Inserts
○ N ○ M ○ W ○ XW	○ 0 ○ 1 ○ 2 ○ 3

- Custom Diabetic Inserts
- Toe Filler L5000
- Functional Orthoses
- Modified Shoes

Change Requested: _____

NEW SHOE ORDER:

Style Name _____ Color _____ Size _____

Width	Pairs of Inserts
○ N ○ M ○ W ○ XW	○ 0 ○ 1 ○ 2 ○ 3

DR. COMFORT OR OFFICE USE ONLY:

Date Returned _____ Action Taken _____



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