

## **DIA-FOOT RETURN/EXCHANGE FORM**

## **INSTRUCTIONS - PLEASE READ!**

Complete this form and include with returned shoes. Remove any custom inserts that may be in shoes and include the original manufacturer inserts. In bottom box, enter only the NEW shoe information if you are placing an exchange order for this patient *using this form*. If you are not placing an exchange order for your patient or, you have already faxed or called in your exchange order, leave this box blank and do not enter return shoe information in box. \*If sending back shoes to add alterations only, check off below and add details under comments.

PATIENT NAME	PATIENT DOB			
OFFICE/ACCOUNT NAME				
OFFICE LOCATION NAME	OFFICE LOCATION PHONE			
		□Shoe Defect □I		Other
Medicare or Private Pay or Wholesale Return/Exchange				
OR				
☐ This is an <i>Insurance Dept</i> Order Exchange Insurance Name  ****Please note insurance returns must be received before exchange order can be placed*****				
☐ I am NOT placing an exchange order for this patient/straight return				
□ I am NOT placing an exchange order for this patient as I have already called/faxed in the exchange order.				
☐ I AM RE-ORDERING FOR MY PATIENT AND <b>NEW</b> SHOE ORDER INFORMATION IS ENTERED BELOW:				
MANUFACTURER/ MODEL _				
COLOR	SIZE	WIDTH	LACE OR VE	ELCRO
COMMENTS:		ORDER WITH PRE-	FABS 🗆 O	RDER WITHOUT PRE-FABS

To Receive Full Credit for your shoe return, shoes must be returned within 120 days of receipt (SPLIT PAIRS 60 DAYS) and,

- · Have no visible wear (No credit issued)
- Must be in original shoe box (\$10 charge)
- There must be no writing or tape on original shoe box (\$10 charge)
- MUST HAVE ORIGINAL MANUFACTURER'S INSERTS (\$25.00 charge)
- Cleaning fee if shoes can be resold (\$10 charge)