

# Return Form

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# ANODYNE

Account No: \_\_\_\_\_  
Account Name: \_\_\_\_\_  
City: \_\_\_\_\_  
Date: \_\_\_\_\_  
P.O. No: \_\_\_\_\_

**\*\*\*DO NOT SEND IN NEW ORDERS WITH YOUR RETURNED SHOES. PLACE ALL NEW ORDERS VIA OUR WEBSITE, FAX, EMAIL, OR PHONE\*\*\***

Patient Name: \_\_\_\_\_ Order No: \_\_\_\_\_

## SHOES

Style No: \_\_\_\_\_ Color: \_\_\_\_\_

Size: \_\_\_\_\_ Width: \_\_\_\_\_

## INSERTS

- Tri Lam Heat Moldable  1  2  3
- Custom Accommodative  1  2  3  Lab Rework Form Attached
- Gel-Foam Hybrid  1
- No Inserts

## REASON FOR RETURN

- Size - too long  Width - too wide  Defective
- Size - too short  Width - too narrow  Incorrect item
- Color  Style  Patient changed mind
- Other

## COMMENTS:

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\*Please note: the 50% surcharge placed on mismatch orders will not be refunded in the event of a return or exchange.