

**Return Policy**

Please read our return policy carefully to ensure that your return is properly processed, and that you are credited accordingly.

* Returns of unworn shoes of current active styles will be accepted up to **60 days** from shipping date. In order to receive credit, the shoes and/or inserts should not show any sign of wear or damage.
* Any return of 5 pairs or more must receive a return authorization number from our customer service team.
* Discontinued shoes will not be accepted 60 days after the discontinuation date of any specific style.
* Returns that do not comply with Orthofeet’s return policy, returns of more than 10% of total purchases in the last 12 months (on a rolling basis), and bulk returns of more than 10 pairs per return may be subject to a $4.50/pair re-stocking fee.
* Shoes must be returned with the original shoe box packaging. Shoes that are returned in damaged shoe boxes or with marking on the shoe box may be subjected to a $2.50/pair fee.
* A copy of the packing slip or invoice must be enclosed with the returns to enable tracking of the original purchase.
* NOTE: Custom orthotics or split pair shoes are custom orders and are **non-refundable**.

**ONE YEAR QUALITY GUARANTEE** on **WORN PRODUCT**: At Orthofeet, we stand behind the quality of our products, which we believe are the finest diabetic footwear in the industry. If you or your customers experience within 12 months from date of purchase any product quality defects – beyond normal wear and tear – then Orthofeet will replace the products at no charge.   
**This guarantee does not refer to unworn or unsold products.**

**Credits and Chargeback to Credit Cards.** Claims for credits and chargebacks will be considered by Orthofeet only if: (1) received by Orthofeet within sixty (60) days of ship date or reasonable delivery of the specific goods that are the subject of such claim and (2) submitted to Orthofeet with a complete description identifying the specific goods and the reason that Customer is claiming such credit or chargeback. Credits and chargeback to Credit Cards on file may be denied by Orthofeet in Orthofeet’s sole discretion and, without limiting the foregoing, will be denied without review if not submitted within the sixty (60) day period with required information and descriptions. Credits shall have no cash value. Credits must be used toward future purchases.

**Title to Goods.** Title to and risk of loss of the Goods will pass to Customer upon delivery of the Goods to the Customer or the carrier at the shipping point. Customer grants Orthofeet a security interest in the Goods and shall keep the Goods properly stored, insured and identifiable as subject to Orthofeet’s lien until full payment is made by Customer for the goods. Orthofeet reserves the right to enter Customer’s premises to repossess Goods for which payment is overdue.

**ORTHOFEET RETURN PROCESS**   
- Please complete and send the Return Form back *with* the returned product, and do *not* fax it to us.

- If you have to return more than 5 pairs, please contact an Orthofeet Customer Service representative

or the Sales Management **for an Authorization Number.**

- ***Please Note: Please do not place a re-order on the Return Form, as this is not an order form.***  
  
Please allow two weeks upon receipt of product for your return to be processed. A credit should appear on your account or credit card within two billing cycles. Please go to: <http://www.orthofeet.com/return-policy.php> to print return labels.

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**Return Form**

**1. Please Print & COMPLETE FORM FULLY TO ENSURE YOUR RETURN IS PROCESSED IN properly**

Date (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_ Customer #: \_\_\_\_\_\_\_\_\_\_\_\_\_ PO or Order #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Invoice #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RA#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Company Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Patient Name** | **Shoes**  **# of Pairs** | **Shoe**  **Style #** | **Shoe**  **Size** | **Shoe**  **Width** | **Inserts**  **# of Pairs** | **Insert**  **Style #** |
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| --- |
| **Incorrect Fit Reason**  Ordered Extra Pair to Ensure Fit \_\_\_\_\_  Too Short \_\_\_\_\_ Too Wide \_\_\_\_\_  Too Long \_\_\_\_\_ Too Narrow \_\_\_\_  Heel Slippage \_\_\_\_\_ Other\_\_\_\_\_ |

**3. REASON FOR RETURN- Please mark a box and provide details below:**

Customer Changed Mind\_\_\_\_\_ Order Wrong(describe below) \_\_\_\_\_ Incorrect Fit (***check option on right***)

Quality Issue (describe below) \_\_\_\_\_ Style Issue (describe below) \_\_\_\_\_\_ Other (explain below) \_\_\_\_\_\_\_

**4. COMMENTS**

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**Orthofeet Office Use Only:**

Date Rcvd: \_\_\_\_\_\_\_\_\_\_\_

Issue Credit: \_\_\_\_\_\_\_\_

Item Condition: \_\_\_\_\_\_\_\_

Item Discarded: \_\_\_\_\_\_\_\_

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**Please send all returns to:**

ORTHOFEET, INC. Attn: Returns Department

152A Veterans Drive • Northvale, NJ 07647

Please call us if you have any questions • 800-524-2845