



CANADA ORTHOMEDIX Inc. TM
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 501 Champagne Dr., unit20, North York ON M3J 2C6

Canada Orthomedix SHOE EXCHANGE FORM

DATE:

CLINIC NAME:

PATIENT NAME _____

Shoe Exchange		Size Exchange	
FROM	TO	FROM	TO

****Exchanges: Style exchange and colour change incur \$30 re-stocking fee**

**** Shoe only orders incur HST and shipping charges.**

OFFICE USE ONLY

Date Ordered:	INITIALS:
Date Received:	INITIALS:
Date: Shipped :	INITIALS:
Invoice Number:	

Price	
Restocking Fee	
Credit	
Total	