

ORDER FORM



FOR MEDICAL
PROFESSIONALS ONLY

Submit orders to: Fax (902)883-0004 E-mail: biodev.orders@gmail.com

OfficeName: _____ Date: _____

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ShipTo:Name: _____ Address: _____

City: _____ Province: _____ Postal Code _____

Payment Method: _____ Etransfer to biodev.arap@gmail.com

Name: _____ Postal Code: _____

Account # _____ Exp _____ CVV* _____ MC _____ Visa _____ Cheque _____

*CVV security code is the last 3 digits on the back of your credit card in the signature box

Please enter number of pairs on line

QUADRATESTEP PAIRS

LITTLESTEPS PAIRS

GAIT PLATE PAIRS

| | | | | | |
|--------|---------|--------|--------|---------|--------|
| A Quad | Regular | Narrow | B Quad | Regular | Narrow |
| Size1 | _____ | _____ | Size1 | _____ | _____ |
| Size2 | _____ | _____ | Size2 | _____ | _____ |
| Size3 | _____ | _____ | Size3 | _____ | _____ |
| Size4 | _____ | _____ | Size4 | _____ | _____ |
| Size5 | _____ | _____ | Size5 | _____ | _____ |

| | | | |
|---------|-------|---------|-------|
| Pairs | Qty. | Pairs | Qty. |
| Size 00 | _____ | Size 00 | _____ |
| Size 0 | _____ | Size 0 | _____ |
| Size 1 | _____ | Size 1 | _____ |
| Size 2 | _____ | Size 2 | _____ |
| Size 3 | _____ | Size 3 | _____ |
| Size 4 | _____ | Size 4 | _____ |
| Size 5 | _____ | Size 5 | _____ |
| Size 6 | _____ | Size 6 | _____ |
| Size 7 | _____ | Size 7 | _____ |
| Size 8 | _____ | | |
| Size 9 | _____ | | |

| | | | | | |
|--------|---------|--------|--------|---------|--------|
| C Quad | Regular | Narrow | D Quad | Regular | Narrow |
| Size1 | _____ | _____ | Size1 | _____ | _____ |
| Size2 | _____ | _____ | Size2 | _____ | _____ |
| Size3 | _____ | _____ | Size3 | _____ | _____ |
| Size4 | _____ | _____ | Size4 | _____ | _____ |
| Size5 | _____ | _____ | Size5 | _____ | _____ |

| | | | | | |
|--------|---------|--------|---------|---------|--------|
| E Quad | Regular | Narrow | E+ Quad | Regular | Narrow |
| Size1 | _____ | _____ | Size1 | _____ | _____ |
| Size2 | _____ | _____ | Size2 | _____ | _____ |
| Size3 | _____ | _____ | Size3 | _____ | _____ |
| Size4 | _____ | _____ | Size4 | _____ | _____ |
| Size5 | _____ | _____ | Size5 | _____ | _____ |

Introductory Kit 7 Pair LittleSteps

One Intro/ Fitting Kit per location. 7 Different sizes

Sizes: _____

| | | | |
|--------|---------|--------|----------------------------|
| F Quad | Regular | Narrow | *Narrow Orthotics are 1/4" |
| Size1 | _____ | _____ | narrower grind for casual |
| Size2 | _____ | _____ | shoes and cleats. |
| Size3 | _____ | _____ | No extra charge |
| Size4 | _____ | _____ | |
| Size5 | _____ | _____ | |

Introductory Kit 7 Pair Gait Plates

One Intro/ Fitting Kit per location. 7 Different sizes

Sizes: _____

Return Policy: Items* may be returned for exchange or future credit within 30 days of purchase providing that they are unused, unaltered or damaged, and in the original product packaging. Returned items must include an approved Return Authorization Cost of shipping is the responsibility of the purchaser.

*Starter Fit Kits are non-refundable

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