

SaeboStep | Patient Order Form

Email this order form to sales@saebo.com or Fax to 855.414.0037

If you are a vendor please call (888) 284-5433 or email sales@saebo.com for rates



1. PATIENT INFORMATION

Order Date:	First Name:	Last Name:
Date of Birth:	Phone:	Email:

2. THERAPIST INFORMATION

Current (or Last) Therapist:	Facility Name:
Email:	

3. SHIP TO: IF THE DEVICE IS BEING SHIPPED TO A FACILITY, BE SURE TO INDICATE THE FACILITY NAME.

Name (Facility Name):	Attention:	
Street:	Dept./Suite:	
City:	State:	Zip:

4. DEVICE

	DESCRIPTION	QTY	PRICE	TOTAL
This device is "One Size Fits All" and can accommodate the Right or Left foot. Shipping within the US? Add \$4.99 for Shipping Shipping to Canada? Add \$25⁰⁰ for Shipping	SaeboStep, Complete Kit		\$169⁰⁰	
	SaeboStep, Crop A Dile, Standard		\$49.00	
	SaeboStep Eyelet Hook Kit		\$9.99	
	SaeboStep Replacement Cord Kit		\$29.99	
	SaeboStep Side Cord Replacement Kit		\$34.99	
	SUB-TOTAL			
SHIPPING				
TOTAL PURCHASE				



SaeboStep | Patient Order Form

5. PAYMENT

Pay by Credit Card | Card Type: MC Visa Amex Discover

Card Number:

Exp:

Name on Card:

CVC:

Billing Address:

I hereby authorize the charge of the Total Purchase shown on Page 1 of this order form.
(Total Purchase includes \$4.99 domestic shipping or \$25.00 to ship to Canada)

Signature of Card Holder:

Mail a Payment
(US Delivery Only)

If paying by Check or Money Order, mail this form and your payment of device, accessories and \$4.99 Shipping to:

Saebo, Inc.
PO Box 6253
Hermitage, PA 16148-0923

Questions? Call 888-284-5433 | View Saebo Inc.'s Notice of Privacy Practices at saebo.com/privacy-policy/