



Repair & Replacement Form

Medical Provider Name _____

Medical Provider Contact _____

Shipping Address _____

City _____ State _____ Zip Code _____

Patient Initials _____

Original Order Date (approximate) _____

Phone _____ Email _____

Reason for repair or replacement _____

I understand that if the TayCo Brace is outside of the warranty period, it may cost up to \$100 to repair and \$225 (Acute) or \$375 (Custom) to replace the brace.

Please ship this form and brace to:

SureStep c/o TayCo Brace 17530 Dugdale Dr., South Bend, IN 46635
Please also email this form to info@taycobrace.com