

# ToeOFF® Family Warranty Registration Form

May also be completed on-line at [www.allardusa.com](http://www.allardusa.com)

EASY - Complete at time of fitting and drop in the mail (postage paid) or fax to 800-289-0809 today!  
If BILATERAL, it is okay to use the same card for both orthoses.

Date Fitted \_\_\_\_\_ Serial No.: Left \_\_\_\_\_ Right \_\_\_\_\_  
(Located on inside anterior support-alpha character(s) followed by 4-6 numbers)

Product Fitted:  KiddieGAIT  ToeOFF  Ypsilon  BlueRocker  ToeOFF Short  
ToeOFF Fantasy:  Ivory  Black  Purple  Dark Blue

Size:  XXXS  XXS  XS  S  M  L  XL

Facility Name \_\_\_\_\_ Patient Name/ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Orthotist \_\_\_\_\_ Phone \_\_\_\_\_

Purchased From\*:  ALLARD USA  CASCADE  KNIT-RITE  ORTOPED  PEL  SPS

\*Please contact the company you have indicated to obtain return authorization.

Your purchase order # \_\_\_\_\_

Phone: 888-678-6548

Fax: 800-289-0809

**allard** | **USA**

[www.allardusa.com](http://www.allardusa.com)  
ToeOFF® Family of Product are covered by multiple patents.

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