

RETURN FORM

kiddieGAIT™

Warranty & Guarantee are valid only if this form is completed and sent in with the product. Allard Int. will provide at no charge to the provider, a replacement KiddieGAIT for any KiddieGAIT that shows signs of delamination and is returned within six month of initial fitting.

Serial nr: _____ Item nr: _____

Return nr: _____ Date: _____

Patient information

- Girl Bilateral
 Boy One foot

Product information

- Small Left
 Medium Right
 Large

Weight _____ Height _____ Age _____ Shoe Size _____

Date of fitting _____

Indications

- Spastic diplegia Muscular Dystrophy Gait deviations secondary to proprioceptive deficit
 Low-tone Crouch gait Idiopathic Toe-walker with no midfoot collapse Other _____
 Spina bifida

Prefabricated Foot Orthotic

- Insole SMO
 DAFO Non
 Other _____

Foot Condition

- Flaccid
 Spastic
 Supinated
 Pronated
 Other _____

Thank you for your co-operation,
Allard International