

IN-STEP MOBILITY PRODUCTS, INC.

8048 MONTICELLO AVE., SKOKIE, IL 60076 (847) 676-1275 FAX (847) 676-1202 (800) 558-7837 WWW.USTEP.COM

Sample Request Form

Check Product(s) Requested:

____ **U-Step 2 Walker with Laser/Sound Cueing Module**

____ **LaserCane**

Length of trial period: _____

Neurological Center Name: _____

Neurological Center Contact: _____ Date of Request: _____

Title/Role: _____ Phone: _____

E-mail: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Signature: _____ Date: _____

Print Name of Authorized Referral Center Representative: _____

Names of potential prescribers (Neurologists, Movement Disorder Specialists, etc.):

Return Completed U-Step 2 Walker / LaserCane Sample Request Form to Jonathan Miller:

Scan / e-mail: jmiller@ustep.com Fax: (847) 676-1202 Questions? Phone: (847) 983-7690