

## Return Request Form

*Please print*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Customer Details

Name: \_\_\_\_\_ Clinic/Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Cost Center: \_\_\_\_\_

### Return Items

Item #	Item Description	Quantity	Verify

Item #	Equipment Description	Serial #

### Reason for Return

Ordered in error  
  Do not need  
  Damaged  
  Wrong item  
  Other

### Additional Comments

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**Returns Policy:** New items must be unopened, in the original package and have the original document number for restock or purchase order number for nonstock items. Return requests must be made within 30 days of item delivery to unit.

### Returns Checklist

- Items are in original condition or original packaging for non-stock items?
- Copy of packing slip is included?
- Returns Request form is completely filled out?
- Returns request made within 30 days of product/order delivery?

Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Material Handler Signature: \_\_\_\_\_