

Return no. Obtained from customer services

RETURNS/COMPLAINTS



Always complete this area – basis for return confirmation

Customer no:	Telephone no:
Customer name:	Cellphone no:
	Telefax no:
Customer ref:	E-mail:
Address:	

Reason for return / complaint

Complaint ()	Incorrect order ()	Return after trial ()	
Other reason:			

Art. No.	Serial no*	Description	Qty.	Delivery date	Your order no.	Our order no.

* If serial no. present. If complaint refers to accessories or individual components please give serial no. of product they were fitted to.

Regarding complaints

When did the fault occur?	How many times has the product been circulated?
Describe the nature of the fault, how it occurred, and the circumstances under which it occurred, e.g. user's weight, ambient conditions.	

Returns/complaints will only be accepted on condition that:

1. the form is correctly completed and send to customer services
2. a copy of the is sent with the returned article
3. a return no is obtained as stated above (contact customer services)

If you have questions, contact customer services:

Medicaleshop, Customer service
Tel (860) 946 6085
Telefax (860) 838 4671
E-mail: csteam@medicaleshop.com