

**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:			

\* 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.	
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Returns/complaints will only be accepted on condition that:

- Returns or 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:

If you have questions, contact us  
Medicaleshop, Customer service

Medicashop, East  
Tel (860) 946 6085

Telefax (860) 838 4671

E-mail: csteam@medicaleshop.com