

PRODUCT RETURN FORM

Enclosed in your return package should be the following form. Returns will only be accepted with this fully completed form at the following address: Rmed Healthcare - Verruestraat 28 - 8510 Marke - Belgium.

GENERAL INFORMATION

Ordering nr

Date :

Number of items :

RETURNED ITEMS

Reason: Inspection, maintenance

Product return (no visible defects)

Complaint

Desire: Inspection, maintenance

Replacement or exchange

Credit note

Other

REFERENCE	Q	LOT NR	REMARKS

For returns of products (without visible defects):

Goods must be returned to us within 15 days of receipt. The returned items must be carefully packaged in their original packaging, complete with accessories, and in new condition (only unused items). The sealed packages must be intact.

For returns for inspection, maintenance, or complaints:

The returned items must be carefully packaged and complete with accessories.

IMPORTANT !

This form must be filled out and sent back to info@rmed.be and included in your package.

SENDER

RECIPIENT

RMED HEALTHCARE
Verruestraat 28
8510 MARKE
Belgium
info@rmed.be
www.rmed.be
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