

RETURN FORM

For a quick processing of your return, please complete the information below. Then add this form to your package.

Name	
Street	
Zipcode and city	
Order number	
Date	

Which items are you going to return?

Article number	Amount	Reason*

* Reasons for return: 1. Product does not meet expectations. 2. Wrong item received. 3. Item is damaged. 4. Wrong order. 5. For inspection/inspection/repair. 6. Other, namely: _____

Use the address strip below to return your order

Medische Vakhandel
T.a.v. Afdeling Retouren
Phoenixweg 43
9641 KS VEENDAM