

# Returns Advice



Please include this form along with your returns to:

**Returns Department, TAG Medical, 6 Perry Way, Witham, Essex, CM8 3SX.**

- Failure to complete this form fully or follow this process may cause delays in processing your returns.
- Please pack your items well within an outer box before handing over to a delivery driver to ensure no damage will occur.
- Unless returned for repair or as faulty, items must be received in the original packaging and in a resalable condition.
- Please note that prescription only medicine (POM) items are non-returnable without prior authorisation.

Account Code	Customer Name	Address
		Postcode

Product Code	Quantity	Description	Invoice Number

Reason For Return	Required Outcome
<input type="checkbox"/> Ordered in error by Practice	<input type="checkbox"/> Credit
<input type="checkbox"/> Item does not match invoice	<input type="checkbox"/> Replacement
<input type="checkbox"/> Wrong item sent by sales team	<input type="checkbox"/> Repair
<input type="checkbox"/> Wrong items sent by Business Consultant	
<input type="checkbox"/> Received damaged	
<input type="checkbox"/> Faulty item	
<input type="checkbox"/> Back-ordered item no longer required	
<input type="checkbox"/> Repair	

Please tick as applicable

**If an item is faulty or requires repair, please describe the fault here:**

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Please ensure that all accessories are returned alongside items for repair.

Office Use Only	
Date received	SO Number
Received via	Credit Number
Postage cost	Notes
Postage credited Y/N	