

Returns Advice Form



Please include this form along with your returns to:
Returns Department, DD, 6 Perry Way, Witham, Essex, CM8 3SX.

- Returns cannot be accepted without prior authorization
- 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, faulty or damaged, items must be received in the original packaging and in a resalable condition.
- Please note that medicinal products must be returned within 3 days of delivery.
- Cool chain shortage/damage must be notified within 24 hours of delivery
- All other products shortage/damage must be notified within 3 days of delivery
- Cavitron Tips only hold a 90-day warranty from point of purchase.

ACCOUNT CODE	CUSTOMER NAME	ADDRESS
		Postcode

PRODUCT CODE	QUANTITY	DESCRIPTION	INVOICE NUMBER

REASON FOR RETURN	REQUIRED OUTCOME
<input type="checkbox"/> Faulty item <input type="checkbox"/> Item does not match invoice <input type="checkbox"/> Wrong item sent <input type="checkbox"/> Recall	<input type="checkbox"/> Credit <input type="checkbox"/> Replacement <input type="checkbox"/> Repair Please tick as applicable
<input type="checkbox"/> Received damaged <input type="checkbox"/> Faulty item <input type="checkbox"/> Back-ordered item no longer required <input type="checkbox"/> Ordered in error by Practice	

IF AN ITEM IS FAULTY OR REQUIRES REPAIR, PLEASE DESCRIBE THE FAULT HERE:

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

CONTAMINATED GOODS	OFFICE USE ONLY
Please note that it is illegal to send contaminated goods through the post. Please ensure all contaminated items are sterilised before return and the following section is completed to confirm this: In accordance with the manufacturer's instructions, the enclosed product has been sterilised by: <input type="checkbox"/> Autoclave <input type="checkbox"/> Dry Heat <input type="checkbox"/> Cold Sterilisation	Date received Received via Postage cost Postage credited Y/N SO Number Credit number Notes
State type of cold sterilant/disinfectant used here: <hr/> Signed:	