Returns Advice Form

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

This returns form is required to be completed in full. Failure to do so will result in no credit.

- Returns cannot be accepted without prior authorisation per item.
- Goods need to arrive back to us in a re-saleable condition and in the original packaging.
- Medicinal Products, Whitening and Cold Chain Products are deemed NON RETURNABLE.
- All returns must be received back to our warehouse within 28 days of Invoice.

CUSTOMER CODE ACCOUNT HOLDERS FULL NAME ADDRESS Postcode

PRODUCT CODE	QUANTITY	DESCRIPTION	INVOICE NUMBER

SUPPORTING INFORMATION

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

CONTAMINATED GOODS					
	0	ed goods through the post. sed before return and the following section is completed to confirm this			
In accordance with th	e manufacturer's instruction	ons, the enclosed product has been sterilised by:			
Autoclave	Dry Heat	Cold Sterilisation			

State type of cold steriliser/disinfectant used here:

Name

CON

Signed

Date



CASE NO.