Returns Advice Form

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

Returns cannot be accepted without prior authorisation per item.



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

Goods need to arrive back to	us in a re-saleable	e condition and in the original		CASE NO.
Medicinal, Whitening and Ter All returns must be received				
CUSTOMER CODE	ACCOLINE H	DLDERS FULL NAME	ADDRESS	
CUSTOMER CODE	ACCOUNT HO	DLDERS FULL NAME	ADDRESS	
			Postcode	
PRODUCT CODE	QUANTITY	DESCRIPTION		INVOICE NUMBER
SUPPORTING INFORMATION				
			Nonce angure that all access	wise are returned elemented theme for remain
		·	riease ensure that an accesso	ories are returned alongside items for repair.
CONTAMINATED GOODS				
Please note that it is illegal to some please ensure all contaminate			wing section is completed to co	onfirm this:
In accordance with the manufa	acturer's instruction	s, the enclosed product has b	peen sterilised by:	
_ Autoclave _	Dry Heat	Cold Sterilisation		
State type of cold steriliser/dis	sinfectant used her	re:		
Name		Signed		Date