

Returns Advice Form



Please include this form along with your returns to:
Returns Department, Med-fx Limited, Unit 3 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, faulty or damaged, 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"/> Item does not match invoice <input type="checkbox"/> Wrong item sent by sales team <input type="checkbox"/> Wrong items sent by Business Consultant	<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"/> Repair	

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 State type of cold sterilant/disinfectant used here:	<table border="1"> <tr><td>Date received</td><td></td></tr> <tr><td>Received via</td><td></td></tr> <tr><td>Postage cost</td><td></td></tr> <tr><td>Postage credited Y/N</td><td></td></tr> <tr><td>SO Number</td><td></td></tr> <tr><td>Credit number</td><td></td></tr> <tr><td>Notes</td><td></td></tr> </table>	Date received		Received via		Postage cost		Postage credited Y/N		SO Number		Credit number		Notes	
Date received															
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