

# MEDICA **FORTE.**

## RETURNS FORM

### RETURN ADDRESS

Returns Department  
Medica Forte Ltd  
Hadfield House  
Congleton Road  
Gawsworth  
SK11 9ER

CUSTOMER NAME

ADDRESS

ORDER NUMBER

EMAIL

ORDER DATE

PHONE

PRODUCT / REFERENCE	QUANTITY RETURNED	REASON CODE	COMMENT

### REASON CODES

- A** Exchange (please provide exchange required)
- B** Refund (please explain in comments)

*Please read and follow returns instructions carefully, failure to enclose all items for refund or this form will result in your refund or exchange being delayed or refused.*

### RETURN INSTRUCTIONS

- Returns form should be completed and all boxes filled accurately.
- Take a photo/copy of the form for your own records.
- Please wrap and box all items securely.
- Address the package with above details.
- Enclose all item(s) that are listed in the top part of this form.

**I confirm** that the item(s) enclosed have not been opened or used and are in perfect resalable condition. All returned products undergo a strict UV light checking process to confirm they have not been used or opened. Any products that fail this check will be returned to the customer without prior notice.

CUSTOMER NAME:

TODAY'S DATE:

SIGNATURE:



RETURNS DEPARTMENT  
MEDICA FORTE LTD  
HADFIELD HOUSE  
CONGLETON ROAD  
GAWSWORTH  
SK11 9ER

POSTAGE  
REQUIRED