

Please complete the form below if you would like to initiate a request to return goods. Your request will be reviewed by our Customer Service Department. You will receive a Return Goods Authorization Number and shipping instructions after your return request has been approved. A Customer Service Representative will contact you if any additional information is needed.

RETURNED GOODS REQUEST FORM

Hazardous Material: Yes No	Date:	Facility/Company:
Description:		
Customer ID:	Contact Name:	Phone #:
		Fax #:
Address:	City/State/Zip:	Email Address:
P.O. #:	Packing List #:	Invoice #:

Reason for Return:

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Qty	Item Number	Lot Number	Description	Condition	Disposition	Date

Micromedics is committed to your total satisfaction. Please call, fax, or email the above information to obtain an RGA #.

Phone: 888-624-5662

Fax: 888-504-0606

E-Mail: customerservice@micromedics.com