



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 Merchandise Authorization Number (RMA) and shipping instructions after your return request has been approved. A Customer Service Representative will contact you if any additional information is needed.

RETURNED MERCHANDISE REQUEST FORM

Name of Customer:	Contact Name:	Phone #:
Customer ID:		Fax #:
Address:	City/State/Zip	Email Address:
P.O. #:	Packing List #:	Invoice #:

Reason for Return:

Product Used: Yes No

Qty	Catalog Number	Lot Number	Description	Condition

Comments:

Below section to be filled out by Summit Medical

Return Approved By:	Date:	RMA #:
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