

Summit Medical
 815 Vikings Parkway, Suite 100
 Saint Paul MN 55121
 P: (651) 789-3939

Coronet Medical/Network
 Coronet House
 Kearsley Road, Ripon
 North Yorkshire, HG4 2SG, UK
 P: +44 (0)1765 609555

Shippert Medical
 6248 S Troy Circle, Suite A
 Centennial, CO 80111
 P: (303) 754-0044

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. Fax: (651) 789-3979 or email customer service at: customerservice@innoviamedical.com

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 / Shippert Medical/ Coronet Medical

Return Approved By:	Date:	RMA #:
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