## **Returns Advice Form**

Goods need to arrive back to us in a re-saleable condition and in the original packaging.



CASE NO.

Please include this form along with your returns and send to: Returns to: 1083 Budapest, Práter utca 6-8

• Returns cannot be accepted without prior authorisation per item.

This returns form is required to be completed in full. Failure to do so will result in no credit.

Medicinal Products, Whitening and Cold Chain Products are deemed NON RETURNABLE.  All returns must be received back to our warehouse within 28 days of Invoice.				
CUSTOMER CODE	ACCOUNT HOLDERS FULL NAME		ADDRESS	
			Postcode	
SUPPORTING INFORMATION				
		Plea	se ensure that all accessories a	re returned alongside items for repair.
CONTAMINATED GOODS				
Please note that it is illegal to sen Please ensure all contaminated it			section is completed to confirm the	his:
In accordance with the manufacturer's instructions, the enclosed product has been sterilised by:				
☐ Autoclave ☐ D	ry Heat	Cold Sterilisation		
State type of cold steriliser/disinfectant used here:				
Namo		Cianad		Data
Name		Signed		Date