

Med Five

RETURN FORM

Print, Complete and Return this form with your return. We will inspect the merchandise and approve it if it has been sent back to us in the same Sealed and Unopened condition in which it was shipped to you. Shipping and handling charges are non-refundable. Please make sure to write legibly.

PLEASE PROVIDE THE FOLLOWING INFO:

Name:
Shipping Address:
Street:
City, State, Zip:
Phone:
E-mail:
Order#:
Return Authorization #:

MERCHANDISE YOU ARE RETURNING

Name:
Quantity:
Reason for Return:

ADDITIONAL COMMENTS

Send Returns to: Med Five Inc., Attn: Med Five Returns, PO Box 15774, Honolulu, HI 96830-5774

MEDFIVE.COM