

## Return & exchange form

Please mail **all** returns and exchanges to:  
The Fulfillment Company  
615 West Johnson Avenue, Suite 104  
Cheshire, CT 06410

Practice/Clinic Name:

Address:

Order ID\*:

\*The **order ID** can be found under "My Orders," in your account or email confirmation. The order ID must reflect the correlating color you are returning or exchanging. Please include the purchase receipt with this form, for the return or exchange to be valid. All returns and exchanges must be made within **30 days** of customer purchase. We do not provide pre-paid labels for return shipping.

### Return

Client Name:

Color:  Quantity:

Color:  Quantity:

### Exchange

Client Name:

Returning color:  For color:  Quantity:

Returning color:  For color:  Quantity:

### Ship exchange to

Name:

Address:

Please allow **5-7 business days after** your return or exchange is received to be processed. We refund the original form of payment, **not** including shipping charges that were made to us. We will notify the clinic once a return and exchange has been received so the clinic may refund the patient.