



Pillowise Return/Exchange Form

Send all returns and exchanges to:

562 Captain Neville Dr.

Waterbury, CT 06705

We do not provide any prepaid labels, the cost for shipping is for the customer. All returns must be made within 30 days of customer purchase. Please fill out this form and include it in your return, any returns without this form will not be valid. You must include a dated receipt or print out of customer purchase with this return.

Practice/Clinic & Dr. Name:	
Order ID: (This can be found under "My Orders" in your reseller account or email confirmation. The order ID must reflect the correlating color/size you are returning)	

RETURNS

<u>Color/Size</u>	<u>QTY</u>

Exchanges

<u>Color/Size</u>	<u>QTY</u>	<u>Replacement Color/Size</u>

Name & address to ship exchange to: _____

Please allow 5-7 business days after your return is received for the return to be processed. This time frame also includes exchanges. We refund the original form of payment, not including shipping charges that was made to us. We will alert the clinic once a return is received and refunded so that the clinic may refund the patient.