

DiamoDent	DOCUMENT NO.	TITLE	REV.
	FRM-10-01	CUSTOMER RETURN MERCHANDISE AUTHORIZATION FORM	A

RMA NUMBER: _____

Date: _____

DiamoDent Return Policy:

- All product must be returned under a DiomoDent issued RMA number and per this policy. Otherwise, product will be returned to the customer.
- Packages must be un-opened, unfolded, undamaged & clean.
- Product must have been purchased within the **last 30 days**.
- Must include a copy of the Invoice and Return Merchandise Authorization Form.
- All returns **MUST** be shipped in a box, not envelope or padded envelope
Must be a shipping box, any box smaller than the merchandise package is unacceptable.
- Reference the RMA number on the outside shipping container.
- Ship the product(s) to:
DiamoDent
ATTN: Customer Returns
1577 North Harmony Circle
Anaheim, CA 92807

If product is related to a complaint please read the following:

- If product has been used, please decontaminate and provide evidence of this including part number, lot number, decontamination method, signature of responsible individual, and date.
- The customer is responsible for observing all federal and state regulations associated with the shipment of used medical devices.

Please call Customer Service Dept. at 888-281-8850 if you have any questions. All returns ARE subject to shipping charge (s), price-break adjustments, and possible restocking charge.

For DiomoDent's use only:

Account Number: _____ Customer Name: _____

Fax Number: _____ ATTN: _____

Catalog Number	Lot Number	Qty	Reason For Return	Product Disposition

Processed by _____ Date _____