



# CUSTOMER RETURNS FORM

Order No.

Sheet No.

Patient Name

Hospital/Clinic

**Dear Valued Customer.**

We aim to provide an efficient and quality service to all our customers. To ensure we maintain this high standard of customer care we request that all goods being returned to us include a fully completed Customer Returns Form. This allows us to deal with your enquiry quickly and effectively. We have included a return label below for your convenience.


**Thank you**

N.B. All stock goods may be returned for full credit or exchange with NO RESTOCKING CHARGE within 30 days of dispatch providing they are returned in their original packaging, in a clean unused condition. Custom made product or stock that has been modified at your request is non-returnable.

<b>Returns Date</b>		<b>Original Order No</b>	
<b>NHS Trust/Hosp/Clinic</b>		<b>Original Order Date</b>	
<b>Contact Name</b>		<b>Invoice No</b>	
<b>Contact Telephone</b>		<b>Quality Returned</b>	
<b>Contact E-mail</b>			
<b>Address</b>			
<b>Town / City</b>			
<b>County / State</b>		<b>Post / Area Code</b>	

<b>Patient Name</b>	
<b>Product Description</b>	
<b>Reason for Return</b>	

**Returns Department**  
Unit 1,  
273 Wincolmlee,  
Hull,  
East Yorkshire,  
HU2 0PZ



**Lakeland Orthotics**  
Design Make Supply Fit