



Tel: 919.522.5221
 Fax: 919.874.5123
 homedicalsupply.com

Return Merchandise Authorization Form

RMA NO.: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ PHONE NO.: _____

PLEASE CHECK BOX: RETURN EXCHANGE

*Please let us know the reason for this return by entering a Reason Code(s) column to the left of the item number in the form below. Reason codes are listed below the return form.

REASON CODES: 001 = TOO BIG 002 - TOO SMALL 003 - WRONG COLOR 004 - WRONG ITEM
 005 - DAMAGED 006 - EXCHANGE 007 - WRONG FIT

REASON CODE	ITEM NO.	DESCRIPTION	COLOR	SIZE	QTY

NON-RETURNABLE PRODUCTS

Certain Items cannot be returned for any reason due to our compliance with State, Federal and Safety Regulations. Some products are non-returnable for health, sanitary and safety reasons.

- . Any item that has been used in any shape or form.
- . Any item returned more than 10 days after invoice date.
- . Any item that is damaged or is missing parts.
- . Any item that is dirty or soiled.
- . Any item missing appropriate instructions &/or packaging.

1. Please fax or email the RMA form to: info@homedicalsupply.com or Fax: 919-874-5123
2. Shipping address and RMA# will be provided to you.
3. Upon receipt of RMA#, Ship product(s) along with enclosed copy of Return and Exchange form.
4. Keep a copy of your shipping receipt.