

# RETURNS FORM

Invoice Number
Company
First Name
Last Name
E-Mail Address
Mobile phone

## RETURN ADDRESS

Dental-Medical d.o.o.  
Mejska cesta 83  
2000 Maribor, Slovenia



## What are you returning?

Product Number	Product Name	Quantity	Serial/Batch	Expiration date

☐ Incorrect shipment ☐ Wrong order ☐ I don't like the product ☐ Product damaged / defective

## Short description of damage/defect:

In the event of transport-related damage, please contact our customer service team promptly and directly.

## How will you receive your refund?

As soon as the return arrives at our facility, we will return your money via the same payment method used for your order. In some cases we will require your bank details to reimburse you.

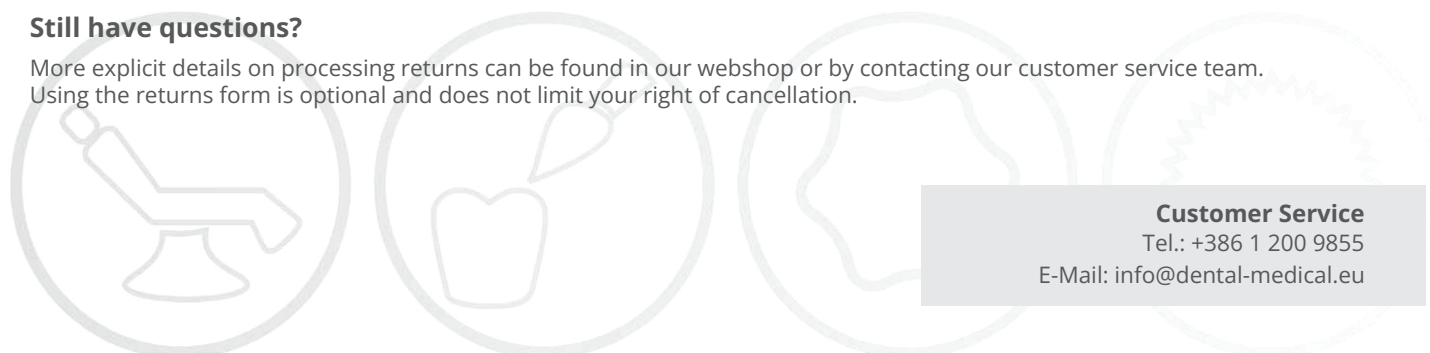
Account Holder	
IBAN	
BIC	Bank:

For swift processing, simply include this completed form and the receipt for your order in the package and ship it with sufficient postage to the address stated above.

**Please retain the sent package receipt and allow 7 days for processing.**

## Still have questions?

More explicit details on processing returns can be found in our webshop or by contacting our customer service team. Using the returns form is optional and does not limit your right of cancellation.



### Customer Service

Tel.: +386 1 200 9855

E-Mail: [info@dental-medical.eu](mailto:info@dental-medical.eu)