HAYDEN MEDICAL

RETURN REQUEST FORM

Dear Customer,

To ensure your return is processed, please ensure the following steps are completed:

1. Complete this Return Form.
2. Obtain a Return Merchandize Authorization Number (RMA) from customer service.
3. Complete and sign the Certification of Sterilization.
4. You will need to send a separate PO if you need replacements as we do not automatically send replacements out to our customers.

DO NOT SEND ITEMS BACK UNTIL YOU RECEIVE AN OFFICIAL RMA FROM HAYDEN MEDICAL

Our returns department may subject handling charges/fees for instruments sent without the return forms, therefore **we kindly request that these be enclosed with the shipment to expedite the accurate handling of the returns. If these forms are not included along with the returned items, then we will send back the returned items to the shipper. On the shipment label of the box please indicate the RMA#. If it is not possible to indicate it on the shipment label, simply write the RMA# on the box.**

Customer Name & Address:

Replacement Required: Yes ☐   No ☐   If yes, place a new Purchase Order.

Item #	Return Quantity	Return Reason Code	Comments *(Please be as specific as possible)*	Invoice Number	Invoice Date	Lot #

Indicate the return reason code from the list provided below.

Code	Return Reason	Example of return Reason
15.1	Quality	Non-Conformance, out of specification, issues with functionality.
15.2	Over Shipped	Excess quantity per purchase order was shipped.
15.3	Incorrect Item	Wrong item was supplied.
15.4	Cancelled beforehand	Cancelled the item beforehand but received it anyways.
15.5	Pattern Preference	The item supplied is not the preferred customer pattern.
15.6	Labeling Error	Wrong label.
15.7	Late Delivery	Item was delivered too late.
15.8	Sample	Return of Trial/Sample.
15.9	Customer Error	No longer needed or ordered the wrong item.
15.10	Others	Please be specific