



Therapist tested and recommended since 1985.

10 Embankment Street • Lawrence, MA 01841

RETURN AUTHORIZATION REQUEST FORM

Name on order

Business name

Phone Number

Email

Order Number

Reason(s) for returning

Items returning (please include item number and quantity to be returned)

I HAVE NOT WASHED, USED, OR ALTERED ANY PRODUCTS REQUESTING TO BE RETURNED.

OFFICE USE ONLY

APPROVED
FOR RETURN

APPROVED
FOR EXCHANGE

RETURN/EXCHANGE DENIED

APPROVED BY / ACTION TAKEN

REASON DENIED