

## Returns form

Please complete all the details on this form and sign the declaration so that we can process your return as efficiently as possible.

Your order number:

Your name:

Your post code:

Item(s) & reason(s) for return:

continue on a separate sheet if necessary

## Step 3 Return Declaration

Now please check, tick and sign this declaration. If you cannot tick all the boxes or have any problems, please call **Customer Services** on **0345 121 8111**.

I confirm that I am returning the item(s)

within 30 calendar days of delivery:

I confirm that this return is unused and well

packaged so it is suitable for return:  
and the item(s) in this return...

- was not collected from the

Complete Care Shop premises:

- was not originally made to order:

- was not to my specification/personalised:

- does not present a health/hygiene risk:

Please **sign** and **date** below to confirm you are happy with all the details on this form:

signature

dd/mm/yy

## Step 2

Now please simply tick what you would like us to do once we receive this return.

Call me to discuss an alternative  
as this was not suitable:

I have paid for a replacement so please  
refund this return immediately:

I have called to arrange an alternative -  
call me when you get this to complete:

I would just like a refund:

### NEED HELP?

Visit [www.healthcarepro.co.uk/returns](http://www.healthcarepro.co.uk/returns)  
or call **Customer Services** on **0345 121 8111**

Lastly, please fold along the two dotted lines so only this panel is visible. Attach to your return with this returns address face-up.

Please return this package to:

Returns  
NRS Healthcare Warehouse  
& Distribution Centre  
330 Four Oaks Road  
Walton Summit  
Preston  
PR5 8AP

