

Large items returns form

e.g. riser recliners, hoists, beds, shower trolleys

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:
ltem(s) being returned:



Step 2

Now	please	describ	e the re	eason f	or this	return:
NIE	ED H	ELP?				
			ropro c	o uk/ro	turne	
or ca	il Cust	ealthca omer S	ervices	o.uk/16	45 121	8111

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

Please return this package to:

& Distribution Centre

330 Four Oaks Road

Walton Summit

NRS Healthcare Warehouse

this returns address face-up.

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**.

r
I confirm that I am returning the item(s) within 30 calendar days of delivery: or within the agreed warranty period:
I confirm that this return has been packaged well so it is suitable for return:
It does not present a health/hygiene risk:
I have contacted Customer Services to let
them know about this issue:
Please sign and date below to confirm you are

Returns

Preston PR5 8AP

signature

happy with all the details on this form:

dd/mm/vv