



## Returns Form

All fields are required in order to process your order

**PLEASE NOTE: All returned garments must be in a clean laundered condition, we are unable to accept soiled garments.**

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### Order Details

Date: \_\_\_\_\_ Date Required: \_\_\_\_\_ Hospital/Clinic: \_\_\_\_\_  
Your Original Order No.: \_\_\_\_\_ Delivery Address: \_\_\_\_\_  
Our Original Sales Order No.: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_ Post Code: \_\_\_\_\_

### Alteration Categories

A member of the Medigarments customer service team will contact you upon receipt, to confirm the charges.

Product Code	Quantity	Description of garment

**Details of Return**    Replacement    Alteration    Repair    Credit

Please tick to confirm you have enclosed the garment    Have you sent/included photographs?    Yes    No

This form is only to be used when returning a garment, please return the garment and form together.

Please download this form directly from our website - [www.jobskin.co.uk/file-download](http://www.jobskin.co.uk/file-download)