

Return Merchandise Authorization (RMA) Request Form

Please fill out this form completely, if you need help, contact Dr O Solutions during business hours 9:00-5:00 EST at 215-677-7177 or DrO.NaturalHealth@gmail.com. E-mail this form to us and include other printed copy with your returned merchandise. All returns during warranty period must include original purchasing invoice and will be returned to address stated on original invoice.

For Office use only RMA Approved by _____

Contact Information

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ E-mail _____

Original Order/Invoice # _____ Purchased from _____

Product Return Information (Item #1)

Product Name _____ SKU/Part # _____

Serial # _____ Date of Purchase _____

Reason for Return (select one)

Warranty _____ Defective _____ Damaged _____ Stopped Working _____

Not Satisfied with Performance _____ Needs calibrations _____

Please provide detailed comments related to your return so we can complete your request accordingly. Missing information will delay RMA processing.

Office Use Only Date excepted for work _____ Technician _____

Work performed _____

_____ Date Completed _____

Product Return Information (Item #2)

Product Name _____ SKU/Part # _____

Serial # _____ Date of Purchase _____

Reason for Return (select one)

Warranty _____ Defective _____ Damaged _____ Stopped Working _____

Not Satisfied with Performance _____ Needs calibrations _____

Please provide detailed comments related to your return so we can complete your request accordingly. Missing information will delay RMA processing.

Office Use Only Date excepted for work _____ Technician _____

Work performed _____

_____ Date Completed _____

Product Return Information (Item #3)

Product Name _____ SKU/Part # _____

Serial # _____ Date of Purchase _____

Reason for Return (select one)

Warranty _____ Defective _____ Damaged _____ Stopped Working _____

Not Satisfied with Performance _____ Needs calibrations _____

Please provide detailed comments related to your return so we can complete your request accordingly. Missing information will delay RMA processing.

Office Use Only Date excepted for work _____ Technician _____

Work performed _____

_____ Date Completed _____