RETURN AUTHORIZATION FORM

Click to submit directly to Customer Care

Account/Order information			
Account #:		**Request Date:**	
Account Name:		**Original Order #:**	
Return Request Generated By: (First, Last Name)		**PO #:**	
		Contact phone:	

Return Authorization reply preference:	
Email confirmation requested: (Enter email)	
Fax confirmation requested: (Enter fax #)	

Return Information

Quantity	Part Number	Description	Return Reason	Lot/Manuf #

~~If this return meets the DJO qualifications for supplying a prepaid return label (ARS tag) tag Indicate quantity of return tags and tag delivery method~~ (email/fax) in the comments section below. If the return is quality related, please include the Lot/Manufacturing code for each item.

Comments