

SDS Exchange Form

Questions? (833) 794-7787

Doctor: _____

Practice Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Email: _____

Send product to address above? **YES** **NO**

If **NO**, list the new return address below:

EXCHANGE INFORMATION

- Product must be received in good resale condition.
- Product must have an expiration date greater than six (6) months from the date sent or they will not be accepted.
- Product in damaged and/or non-resalable condition will be returned to customer at customer's expense.
- Send items at your cost via; FedEx, UPS, or Insured USPS to:

SDS Swiss Dental Solutions USA
Attn: Exchanges
34 Main Street Ext., Suite 202
Plymouth, MA 02360

List the items that you are exchanging:

Order replacement items below:

QTY:	PRODUCT CODE:		QTY:	PRODUCT CODE:

***Note:** product received for exchange will be credited back at the original purchase price to the original form of payment. Unsuccessful refunds back to original form of payment will result in a manual check being issued to address on file. Product sent back in exchange will be charged at the current retail price at the time of exchange. These will appear as two separate transactions on your statement.

Submitted by;

Name: _____ Phone: _____

Email: _____ Date: _____