

SDS Exchange Form

For queries: +49 7531 891 6860

Practice name: _____

Dentist: _____

Address: _____

Zip: _____ City: _____

Tel: _____

E-Mail: _____

Alternatively, you can place your practice stamp here:

IMPORTANT INFORMATION

- The product(s) must be unopened, unmarked and suitable for resale.
- The original packaging must be undamaged.
- The product(s) must have an expiration date greater than one year from the date of shipment.
- Products that do not meet the requirements will be returned at the customer's expense.
- Please include the completed SDS Exchange Form with your return and ship the product(s) to us at your expense.

SDS Deutschland GmbH
Exchange
Bücklestrasse 5a 78467
Constance
Germany

List the items that you are exchanging:

Please specify replacement item(s):

QTY	Item name	QTY	Item name

***Note:** Products received for exchange will be credited back at the original purchase price to the original form of payment. 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 on/Your contact details for queries:

Date: _____ Name: _____

Tel: _____ E-Mail: _____