



# MISSION MEDICAL SUPPLY RETURN AND EXCHANGE FORM

RMA NO.

NAME:  ADDRESS:

CITY:  STATE:  PHONE NO.:

PLEASE CHECK BOX:  RETURN  EXCHANGE

Please let us know the reason for this return by entering a Reason Code(s) column to the left of the item number in the form below. Reason codes are listed below the return form.

**REASON CODES:** 001 = TOO BIG    002 - TOO SMALL    003 - WRONG COLOR    004 - WRONG ITEM  
005 - DAMAGED    006 - EXCHANGE

REASON CODE	ITEM NO.	DESCRIPTION	COLOR	SIZE	QTY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I WOULD LIKE TO RECEIVE AN EMAIL CONFIRMATION OF MY RETURN OR EXCHANGE ORDER

MY EMAIL ADDRESS IS:

### NON-RETURNABLE PRODUCTS

Certain Items cannot be returned for any reason due to our compliance with State, Federal and Safety Regulations. Some products are non-returnable for health, sanitary and safety reasons.

- . Any item that has been used in any shape or form.
- . Any item returned more than 10 days after invoice date.
- . Any item that is damaged or is missing parts.
- . Any item that is dirty or soiled.
- . Any item missing appropriate instructions &/or packaging.

1. Please fax or email the Return and Exchange form to: [mmsonlinestores@gmail.com](mailto:mmsonlinestores@gmail.com)  
or Fax: 619-229-9594

2. Shipping address and RMA# will be provided to you.

3. Upon receipt of RMA#, Ship product(s) along with enclosed copy of Return and Exchange form.

4. Keep a copy of your shipping receipt.