



PRODUCT RETURN FORM (Please attach Original Invoice)

Consultant Name

Consultant Modicare ID Number

Consultant Contact Number

Name of Product	Product Code
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Original Invoice Number against which products are returned

Reason for Return ☐ Damage received ☐ Manufacturing issue

☐ Customer did not like it ☐ Others

Return is for ☐ Replacement ☐ Exchange ☐ Want money back

Customer Name

Customer Contact Number

Remarks

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