



Northeast Medical Systems Corporation  
901 Beechwood Ave.  
Cherry Hill, NJ 08002  
Phone 856-910-8111  
Fax 856-910-8112

## Returns Policy

Upon receipt of our product, if you are not completely satisfied or have found you have ordered the wrong item, please fill out the return information requested and e-mail your request for return to [j.conte@northeastmedicalsyste.ms.com](mailto:j.conte@northeastmedicalsyste.ms.com). We will supply you with a return number.

## Return Request Form

Product to be returned \_\_\_\_\_

Customer Original PO# \_\_\_\_\_

Dealer \_\_\_\_\_

Reason for return \_\_\_\_\_

Contact \_\_\_\_\_

Phone number \_\_\_\_\_

Contact's e-mail \_\_\_\_\_

Return Authorization Number \_\_\_\_\_