



REQUEST FOR RETURN

Date:

Customer Name:

Requester Information:

First Name:

Last Name:

Phone Number:

E-mail:

Hospital:

If possible, please provide any of the following information:

P.O.#:

S.O.#:

Invoice #:

Items for return

| Lot Number | Quantity | Global Product Number |
|------------|----------|-----------------------|
| | | |
| | | |
| | | |
| | | |

Verify products are in a saleable condition: Yes No

Reason for return:

Note: Return Goods will send the customer an email confirmation that will contain the RGA and return address to Cook.