



Prism Medical

Medical Apparel & Accessories

A Quest Achievement Corporation company

(800) 726-8073

Online Return Authorization Form

Prism Medical keeps it simple-no fees. Return/Exchange requests must be received within 30 days of your order arrival date. All items returned to Prism Medical must be in new condition, suitable for resale, in original packaging. Due to health concerns, we cannot accept items which have been used, washed, or worn. ALL customers must get approval prior to using the FedEx return shipping (RS) label to return your item(s).

Amazon.com customers: You may contact us by using Amazon's Online Return Center.

Prismed.net customers: You may contact us directly at 1-800-726-8073.

Exchanges are accepted for any reason* as long as the garment(s) are in new, unused and unworn condition with original packing. We cannot accept unauthorized returns, items with personalization (logo or name), or special-order items (non-Prism Medical brand merchandise).

DIRECTIONS/PROCEDURES FOR RETURNS:

Upon receiving approval from customer service, you may then use the 'RS' FedEx label* that was shipped in the package with your order to return the merchandise to us. Please enclose this completed form. Please use the 'RS' label that was shipped in the package with your order to return the merchandise to us. Please enclose this completed form, as well as the item(s), and take the newly-labeled package to any FedEx facility to complete the shipping process. Once the merchandise is returned to us and determined to be in approved condition in accordance with our exchange policy, we will then process your full refund of the purchase price. If this is an even exchange, we will ship the new items to the address originally provided. Even exchanges do not require additional payment or refunds.

***PLEASE NOTE: UNAUTHORIZED RETURNS/EXCHANGES WILL NOT BE ACCEPTED. PRISM MEDICAL WILL PROCESS YOUR RETURN/EXCHANGE ONLY AFTER CONTACTED AND APPROVED. IF THE RETURN SERVICE LABEL IS USED WITHOUT AUTHORIZATION, BUYER MAY BE SUBJECT TO SHIPPING COSTS INCURRED, AS WELL AS ANY FEES ASSOCIATED WITH THE TRANSACTION.**

Packing Slip/Order # _____ Name _____

PLEASE INDICATE WHICH OPTION APPLIES BELOW:

_____ **DEFECTIVE/DO NOT** want items exchanged/Full refund needed

_____ **DEFECTIVE/Replacement** items needed

_____ **NOT DEFECTIVE/DO NOT** want items exchanged/Full refund needed

_____ **EVEN EXCHANGE/Please indicate below** which items you need INSTEAD.

Style: _____ Color: _____ Size: _____ Quantity: _____

Style: _____ Color: _____ Size: _____ Quantity: _____

Style: _____ Color: _____ Size: _____ Quantity: _____

Style: _____ Color: _____ Size: _____ Quantity: _____

Phone Number _____ - _____ - _____ **Date** ____/____/____

Your Signature _____

***One exchange per order**