



## RETURN REQUEST FORM

**Order Number:** \_\_\_\_\_

**Return Authorization Number:** \_\_\_\_\_

*request it through the contact form at [www.DrFuhrman.com](http://www.DrFuhrman.com) or call 1-800-474-WELL (9355) ext. 224*

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Customer's Shipping Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Primary Reason for Return** (*choose one*):

- Received damaged
- Incorrect item ordered
- Incorrect item shipped, please exchange for:

\_\_\_\_\_

**OTHER:**

\_\_\_\_\_