



RETURNS FORM

We offer a full refund if you are not entirely satisfied with your goods and return them to us with this completed Returns Form within 14 days of receipt.

Order no:

Product:

Please note we cannot issue a refund without your order number.

Using the tick boxes below, please indicate your reason for returning the product:

- The product quality was disappointing
- The product was not as effective as I had hoped
- The product may have caused a possible side effect (described in the space below).
We recommend you stop using the product, and if concerned, ask a health care professional for advice.
- The product was damaged
- I changed my mind
- Other product related problem (specified in the space below)

We take all customer feedback very seriously and it would be helpful if you could use the box below to provide us with any further detail regarding your reason for returning the product.

Please return the product, with this form to the following address:

Diomed Direct
PO BOX 71111
LONDON
SE18 9LH