



OVER-THE-COUNTER PRODUCT RETURN AND EXCHANGE FORM

Return Authorization #: _____ (Required)

QUESTIONS? CALL: toll-free 1-877-743-7847 FAX: toll-free **1-877-743-7839**
EMAIL:returns@smartmedcare.com

RETURN TO:
Smartmedcare.com
4241 Fraser Street, Vancouver BC,
Canada V5V 4G1.

Contact Information:

YOUR NAME: _____
DELIVERY ADDRESS: _____
CITY: _____ STATE: _____ ZIPCODE: _____
PHONE NUMBER (DAYTIME): _____ EXT. _____
PHONE NUMBER (EVENING): _____

Order Information:

ORDER NUMBER: _____
ITEMS BEING RETURNED: (Less shipping and handling charges)

Qty	Item Description						

REASON FOR RETURN: _____

ITEMS BEING EXCHANGED:

Qty	Item Description						

REASON FOR EXCHANGE: _____



smartmedcare.com

Payment Information: If the total of your exchange or new order exceeds the value of your return, please provide method of payment.

CARDHOLDERS NAME: _____

TYPE OF CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: __/__/__ SIGNATURE: _____

Thank you for shopping with us. You will be notified by email as soon as we receive and process your completed OTC Product Return and Exchange form.