

RETURN / EXCHANGE INSTRUCTIONS. PLEASE FOLLOW TO ENSURE A PROPER RETURN.

Order #: _____

Name: _____

Phone: _____

Email: _____

Reason Codes:

SIZING OF PRODUCT:

Too Small	Too Large	Other Reasons
A. Chest	G. Chest	M. Wrong item shipped
B. Waist	H. Waist	N. Not received on time
C. Seat/Hip	I. Seat/Hip	O. Did not like color
D. Sleeve Length	J. Sleeve Length	P. Color not as expected
E. Overall Length	K. Overall Length	Q. Coordinatnes didn't match
F. Width	L. Width	R. Did not like fabric
		S. Did not like style
		T. Defective

Our Guarantee, Return & Exchange Policy

If you are not completely satisfied with your purchase, we will gladly accept returns or exchanges on any items that still have the tags attached and have not been washed or worn. If items are returned past 30 days, there will be a 30% restocking fee.

Laundered garments and footwear showing visible wear are not returnable, unless they are defective.

Postage, shipping and handling are not refundable. All shipping and processing charges on returned packages must be prepaid. We will not accept C.O.D. shipments. Please allow 14 business days for us to receive and process your return. It can then take an additional 5-7 business days for your credit card company to credit your account.

Enclose this form with your return package. Please send your package back prepaid and insured via the carrier of your choice to:

MEDICAL DISCOUNT SCRUBS
ATTN: RETURNS & EXCHANGE DEPT.
27 RANDOLPH ROAD
HOWELL, NEW JERSEY 07731

Please note that there will be a 20% restocking fee if items are sent to the return address on the original package and not to the address above.

I AM RETURNING THE FOLLOWING ITEMS:

REASON CODE	ITEM#	QTY	SIZE	COLOR/PRINT	PRICE	TOTAL
TOTAL #1:						

I AM ORDERING THE FOLLOWING ITEMS IN EXCHANGE:

ITEM#	QTY	SIZE	COLOR/PRINT	PRICE	TOTAL
TOTAL #2:					

IF TOTAL #1 IS MORE THAN TOTAL #2:

Enter the Difference: \$ _____

Refund Credit Card: # _____ Expires: _____

OR

IF TOTAL #2 IS MORE THAN TOTAL #1:

Enter the Difference: \$ _____

Additional Shipping Fee: \$ _____

Total Charge: \$ _____

Charge Credit Card: # _____ Expires: _____

Security Code: _____ Signature: _____

\$4.99 SHIPPING FEE IF EXCHANGE DIFFERENCE IS \$0.01 - \$98.99. FREE SHIPPING OVER \$99

CUSTOMER COMMENTS:

THANK YOU FOR SHOPPING WITH MEDICAL DISCOUNT SCRUBS!