

Surgery Center *of* Northern California

Return Merchandise Authorization Form

To submit a product return, please complete this form and e-mail to contact@skinlasers.com. Returns can be submitted up to 30 days from the date of purchase.

To return products, please ship to the following address or return in-office:

Product Return 3835 J Street Sacramento, CA 95816

Refunds will be credited to the original payment method and cannot be used for in-office credit or applied to product purchases. Shipping fees are non-refundable. Once the return request has been processed, you will receive a confirmation e-mail. Please allow 7 business days for processing.

Name:			
Date of Birth:			
Order #:			
E-mail:			
Product(s) Returning:			
Reason for Return:			
Is the product opened/used?	Yes	No	
Is an exchange required?	Yes	No	
*If an exchange is needed, please confirm shipping address for replacement:			

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My signature indicates I have completed the RMA form to it's entirety and understand the above policies.

Signature:

Internal Use Only \downarrow

Refund Amount: Refund CC#: Products Returned?: Date of Return: Notes: