



02038758530 | MediMatch

www.medimatch.co.uk | DENTAL LABORATORY



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# RETURN FORM

- Please make sure that any items you would like to return are appropriately packed and visible (for example not hidden in tissues etc. for small items like screws). The items must be attached to this form.
- Please note that we **cannot** assume responsibility for the **loss or damage** of any items if they are not packed properly, a full charge will apply for any further work on the case.
- Fill out the form below, indicating the item and reason for return.
- Use return postal label only. Simply cut the return label at the bottom of this form and stick it on the package.

Dr. (name) .....

Post Code ..... Address .....

Mobile nr. ....

Invoice nr. .... Case reference nr. ....

Patient (name) ..... M / F D.O.B. (d/m/y) ..... / ..... / .....

## Reason for Return:



Business Reply  
Licence Number  
RTYY-XGCV-CEJT



**RETURN  
CASE**



MediMatch Dental Ltd  
Unit 8  
Victoria Industrial Estate  
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W3 6UU

**URGENT MEDICAL DEVICE - DO NOT DELAY**