

RETURN MATERIAL AUTHORIZATION (RMA) AND EXCHANGE FORM

Note: RMA cannot be processed until all applicable fields are completed.
Please email completed form to: orders@tactilemedical.com or fax to: 866.569.1912

RMA INFORMATION			
IS THIS A:	WARRANTY ITEM	SIZE EXCHANGE	IS THIS FOR A CF PATIENT: YES NO
RMA REQUESTER:	DME	PATIENT	SERIAL NUMBER:
REQUESTER CONTACT:			REQUEST DATE:
DME PROVIDER BUSINESS NAME (AS APPLICABLE):			
REQUESTER EMAIL:		REQUESTER PHONE #:	
REQUESTER ADDRESS:			
STREET:		APT/SUITE:	
CITY:		STATE:	ZIP:
TROUBLESHOOTING AND ISSUE			
IS THIS AN OUT-OF-BOX FAILURE:		YES	NO
HAS TROUBLESHOOTING BEEN COMPLETED PER THE USER MANUAL:		YES	NO
PLEASE PROVIDE AS FULL AND COMPLETE A DESCRIPTION OF ISSUE AS POSSIBLE:			
DESIRED RETURN SHIPPING ADDRESS			
RMA CONTACT NAME:		SAME AS REQUESTER ADDRESS	
STREET:		APT/SUITE:	
CITY:		STATE:	ZIP:

ADDITIONAL TERMS OF RETURN/EXCHANGE (FOR DME PROVIDERS ONLY)

1. Is the DME Provider requesting expedited replacement by placing an order for the replacement? YES NO
If the original unit can be repaired, or no issue was found, the DME Provider will be responsible for paying both POs/Invoices. The 30-Day Money Back Guarantee does not apply since the replacement will have already been put on a patient. If yes, please send new purchase order to orders@tactilemedical.com.
2. Has DME Provider reviewed shipping fees for RMAs? YES
3. **Returned Goods Policy:** Authorization for any returns MUST be obtained from Tactile Customer Service before an AffloVest may be returned. Returns due to a Tactile error, limited warranty claim, or the trade-in and exchange program may, with authorization, be returned freight collect or with freight pre-paid call tag issued by Tactile. Returns related to sizing issues, exchanges or any other returns must ship freight prepaid by DME Provider unless Tactile Medical authorizes different shipping arrangements. Returns are subject to their respective provisions contained in the 30-Day Money Back Guarantee, Inventory Exchange and Limited Warranty provisions. **It is the DME Provider's responsibility to carry sufficient inventory to properly service and support patients who own an AffloVest. A minimum of one each of the most common AffloVest sizes is expected to be carried in the DME Provider's inventory.**

CLEAR ALL FIELDS

INTERNAL USE ONLY			
TACTILE RMA NUMBER:	MOVAIR RMA NUMBER:		
CUSTOMER NUMBER:	SALES ORDER NUMBER:		
REVISION:	REV C	REV D	REV E