

ROBERT'S Medical Uniforms

710 Boulevard St; Dover OH 44622
Phone 330-339-6773 Fax 330-339-6775
Toll Free 1-877-512-9090

RETURN FORM

Refunds and/or exchanges are allowed within 30 days of receipt. All items must be in original condition with tags attached. Laundered, worn, altered, damaged, or personalized items (*including shoes) may not be returned.
The only exception will be for a manufacturer defect.

Please fill out the information below and return with a copy of receipt to:
Robert's Medical Uniforms
1135 Commercial Ave SE
New Philadelphia OH 44663

REASON FOR RETURN REFUND _____ or EXCHANGE _____
(Please check one)

Items being returned			
STYLE #	COLOR / PRINT	SIZE	QTY

Items requested for exchange			
STYLE #	COLOR / PRINT	SIZE	QTY

Name: _____

Place of Employment: _____

Street Address: _____
(UPS shipping)

PO BOX # _____
(Refunds Only)

City: _____ State: _____ Zip: _____

Daytime Phone #: (____) - _____

Other Phone #: (____) - _____

Email: _____

Customer must pay shipping charges to receive merchandise on an exchange. Please enclose payment or contact customer service with a credit card. See Shipping Chart to determine cost of return freight.

1-3 Pieces	\$10.00
4-6 Pieces	\$13.00
7-12 Pieces	\$14.00

*Shoes must be returned in new condition. Do not put tape or labels on the box.
Wrap shoe box in paper or ship inside another box.