



Returns/Exchange Form

Step 1: Print this form and complete the following customer information- Please print. Thank you.

Name	
Estimated Purchase Date	
Daytime Phone Number	
Email Address	
Mailing Address	
City, State, Zip	

Step 2: List Items in Return

QTY	Item Description	Purchase Location	Reason Code	Return/ Exchange

Return Reason Codes:

01 Changed Mind

02 Received wrong item

03 Product was not compatible with my body

04 Item not as pictured

05 Other _____

Step 3: Ship your return/exchange back to us.

Enclose this form in the package along with the item(s) you are returning to Hyalogic. For your protection, please send the package using the insured carrier of your choice to:

Hyalogic
610 NW Platte Valley Drive
Riverside,
MO 64150 USA
866-318-8484