



CLIENT RETURNS FORM

Date	
Client Name	
Product name/s	
Reason for return	
Has the product been used? <i>Please tick one</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you would like to provide us with any additional comments please utilise the space provided	
Name and signature of client	

Please return this form to: Victorian Dermal Group
Phone: 03 9853 9264
Email: info@victoriandermalgroup.com.au