



Primary Care Store

Return Authorization Form:

Name:	RA#
Phone:	Email:
Order #	

Reason for Return:

Credit my Card Exchange for: _____

Returned Items:

Product Code	Quantity	Description	Price	Ext. Price

- Returns ship directly back to the shipper, whether it be Primary Care Store or the Manufacturer.
- When returning merchandise, be sure to obtain a Tracking Number or Delivery Confirmation from your shipping source. Primary Care Store is not liable for lost or damaged merchandise when items are being returned.
- For further assistance, please contact Customer Service at Sales@PrimaryCareStore.com

For Customer Service:	
Return Date:	Received By: