



## RETURN REQUEST FORM

**Order Number:** \_\_\_\_\_

**Return Authorization Number:**

\_\_\_\_\_ request it through the contact form at [www.DrFostersEssentials.com](http://www.DrFostersEssentials.com)

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Customer's Shipping Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

**Primary Reason for Return (choose one):**

- Received damaged
- Incorrect item ordered
- Incorrect item shipped, please exchange for:

\_\_\_\_\_

**OTHER:**

\_\_\_\_\_