Returns Form

If you need to return your item, firstly Please email returns@c-pmedical.com and you will receive a reply with your unique returns number.

Please complete the form below, all fields marked '*' are mandatory and need to be fully completed to receive a credit/replacement. Any returns cards which are not fully completed, will not be credited. Please be aware returns can take between 7-10 working days to be processed back to us.

Returns Number:

***Items Returned: -**	
***Reason for Returning Items (**Select Below**)**	
Changed Mind	☐
Defective (Please Detail)	☐
Damaged (Please Detail)	☐
Received Incorrect Goods (Please Detail)	☐
Wrong Product / Size / Colour Ordered (Please Detail)	☐
Didn't Fit	☐
Delivery Took Longer Than Expected	☐
Not Met Expectation (Please Detail)	☐
Other (Please Detail)	☐
***Action you would like to happen**	
Send Replacement	☐
Credit My Account	☐
***Date:**	
***Order / Invoice Number:**	
***Name / Business Name:**	
***Address:**	
***Post Code:**	
***Contact Number:**	
***Email Address:**	