



**Advanced Implant Restorations Inc.**  
**10500 SW 77<sup>th</sup> Court**  
**Miami, FL 33156**  
**Ph: 305-665-8256 Fx: 305-284-0424**

## **RETURN AUTHORIZATION FORM**

Order/Invoice number: \_\_\_\_\_ Order/Invoice attached? Yes No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Returned Item(s) must be in its original packaging, un-opened and must be received at the Return Address ABOVE along with this completed **Return Authorization Form**.

Item(s) will be inspected upon Return. Returns will only be accepted for Item(s) that have not been Opened

**Please Note: Returns will not be accepted for Item(s) purchased by International Customers outside the USA or Item(s) sold on Sale or for Special or Custom-Made Orders.**

### **ITEMS BEING RETURNED**

<i><b>Part#</b></i>	<i><b>Lot#</b></i>	<i><b>Qty</b></i>	<i><b>Price</b></i>	<i><b>Reason Code</b></i>

**REASON CODE:**

(Please list reason number in the box above)

- |                                  |                        |
|----------------------------------|------------------------|
| 1. Too Large                     | 2. Too Small           |
| 3. Does Not Fit                  | 4. Ordered Wrong Part# |
| 5. Damaged/Defective Merchandise | 6. Wrong Item Shipped  |
| 7. Other Reason                  |                        |

Please explain reason for Return:

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