



Salvin Return Information Form

Doc. No: 1030-1F
Rev. No: C
Effective Date: See QT9
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Salvin Dental Specialties, LLC

3450 Latrobe Drive, Charlotte NC 28211 800-535-6566

PLEASE INCLUDE THIS PAGE IN YOUR RETURN SHIPMENT

RETURN INFORMATION FORM

Company/Practice Name:		DSO Name (If Applicable)	
Doctor's Name			
Contact Person			
Address			
Phone Number		Email Address	
Customer #		Invoice #	

DO NOT RETURN PRESCRIPTION DRUGS TO SALVIN DENTAL – CALL 800-535-6566 FOR INSTRUCTIONS

Please list each item you are sending with reason for return

Item #	Lot or Serial #	Reason for Return (Required)
1.		
2.		
3.		
4.		
5.		

I hereby attest that the instruments being returned to Salvin Dental Specialties, LLC have either been (check one):

Sterilized in accordance with their Instructions for Use (IFU).

OR

Have not been clinically used*

*Process products per 1088P

Print Name	Signature	Date

Upon receiving your return, credit will be issued to the original form of payment.

Please ship package to:

Salvin Dental Specialties LLC
Attn: Returns Department
3450 Latrobe Drive
Charlotte NC 28211

Suggestions for Shipping:

- Please use proper packaging to avoid damage or loss of product during transit
- If possible, ship by a courier that will provide a tracking number
- Salvin Dental Specialties does not pay for return shipping.

We accept returns or exchanges for unused/unopened regenerative products and instruments that have not been used or autoclaved only. We will issue a full refund excluding freight charges in the same method as original purchase unless a replacement item is provided.

Upon receiving your return, we will evaluate it to determine usage and if used, the item will be returned to you.



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To Be Completed by Salvin Dental Review Only

Is the reason for return a deficiency related to the identity, quality, durability, reliability, safety, effectiveness, or performance of the item?

Yes

No

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Salvin Review Print Name

Signature

Date