

Account Number:		Customer Name:		Date:	
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## Collection Address

Name:		Attention:	
Address:		Tel:	
		Email:	
City/Town:	County:	No. of boxes:	
Country:	Postcode:		

For chairs/scooters/Cushions, please advise if product requires disinfection (please select below):

Product requires disinfection and would be classed as high risk (see page 3 for definitions) ☐

Product requires disinfection but is not high risk ☐

Product has been used but will be disinfected before return ☐

Product has not been used ☐

## Goods to Return

Please state reason for return on first column of the below table.

W – Warranty. A part has failed on a product that is under warranty and you require a replacement part sent FOC (this includes picking errors). The PO number for the replacement order will be the same as the returns reference number. Please advise if you would like to use a different PO number.

C – Credit. You require a credit or you are returning products for a different reason (E.G incorrect part number supplied)

S – Service Repair. You have been unable to complete a repair on a chair/scooter, therefore a repair is required at Sunrise Medical HQ (Please advise which Sunrise associate advised this)

Type W/C/S	Serial number of product or order number	Item Number	Description	Qty	Reason for Return

**Sunrise Medical Returns form**

Email to: [returns@sunmed.co.uk](mailto:returns@sunmed.co.uk)  
or Tel: +44 (0) 8456056688 option 3

Type w/c/s	Serial number of product or order number	Item Number	Description	Qty	Reason for Return

## Sunrise Medical Returns Information

### Decontamination

Due to current ISO standards, we are obliged to ensure that all chairs/scooters/cushions have been decontaminated before being handled by our staff. Some products may be classed as 'high risk'. Please see examples of high-risk products below:

- Products that have been in close contact to a break in the client's skin or mucous membranes.
- Products contaminated with particularly virulent or readily transmissible organisms.
- Products used by an immunocompromised client.

If a product requires disinfection at Sunrise Medical, then this may increase the lead time for the repair.

If a product is high risk, then the Returns team will arrange for a red bag to be sent to you. Please place the red bag on the product in question before collection is arranged. Please refer to [www.sunrisemedical.co.uk/resources/returns](http://www.sunrisemedical.co.uk/resources/returns) for advice on the disinfection of medical devices. Thank you for your co-operation.

### General information

The returns team will issue you with a WR number and collection date once the claim has been processed. Please ensure that this number is clearly written on the package so that the driver knows what to pick up. Please also ensure that someone is available on the date of collection.

Please do not return goods without a WR number, because it will be difficult for us to process the claim sufficiently.

### Packaging

Please ensure that products returned to Sunrise Medical are packaged securely to minimise the risk of damage. Failure to do so may result in a refused collection, or a refused claim.

Additional packing instructions will be sent for battery returns. Please ensure these are rigidly followed, to ensure the safety of the courier's staff and employees at Sunrise Medical.

### Transit Damage

If you have received an order that has been damaged in transit, it would be very useful if you could refuse delivery. If this is not possible, please notify us within 5 days and send us pictures of the damage.

For more information, please visit our website or contact us on the telephone number or email address listed on the top right-hand side of this paperwork.