Return Request Form

**Customer Information:**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DS Account#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DS Sales Order # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PO# (If applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invoice# (If applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Material Requesting to Return:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qty.:** | **Item Number:** | **Description:** | **Lot or Serial No.:****(If Applicable)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Reason for Return: |  |

**Products Requesting in Exchange:**

|  |  |  |
| --- | --- | --- |
| **Qty.:** | **Item Number:** | **Description:** |
|  |  |  |
|  |  |  |
|  |  |  |
| Shipping Address: |  |
| Shipping Method: |  |

\*Return requests are subject to Returns and Product Policy. See next page for return policy. Product policy available from Customer Service.

**Return Policy**

**US/Canada Direct Business Commercial Return Policy**

We gladly accept products for return that meet the requirements associated with product policies. Before returning materials, you must receive a return goods authorization number if approved from Customer Service.

Returns must be initiated within timeframe established for each policy.

Items must be in their original undamaged, unmarked and unopened packaging with factory seals intact.

Customized products, hazmat, equipment, discontinued, and other certain products are not eligible for return. Please contact us for further details.

All return shipping charges will be paid by Dentsply Sirona. After a Returns Request Form is approved, Dentsply Sirona will provide a shipping label to use. Method of shipping will be ground. Please include RA# on the container for approved returns.

Purchase price will be used for valuation of return amount.

**US Indirect Business Returns**

The Returns policies for products purchased online at https://www.dentsplysirona.com/en-us/shop from one of Dentsply Sirona’s authorized dealers may be different than those set forth above. For more specific details on how to initiate a return with your dealer, please see the applicable guidance below.

**Henry Schein Dental:**

**Please visit**[**https://www.henryschein.com/us-en/images/dental/Submitting-an-Online-Return-2020.pdf**](https://www.henryschein.com/us-en/images/dental/Submitting-an-Online-Return-2020.pdf)

**Patterson Dental:**

**Please visit**[**https://www.pattersondental.com/dental/returns**](https://www.pattersondental.com/dental/returns)

**Benco Dental:**

**Please visit**[**https://www.benco.com/benco\_com/how-do-i-return-an-item/**](https://www.benco.com/benco_com/how-do-i-return-an-item/)

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