

EXCHANGE REQUEST

PLEASE ENSURE YOU ENCLOSE THIS FORM AND A COPY OF THE DELIVERY NOTE / INVOICE WITH YOUR PRODUCT(S) TO BE EXCHANGED, PACKED IN THE ORIGINAL DELIVERY BOX OR OTHER STURDY PACKAGING

DATE:

CUSTOMER NAME & ADDRESS:

ACCOUNT NUMBER:

TELEPHONE NUMBER:

RETURNED ITEMS

PRODUCT NO.	PRODUCT DESCRIPTION	QUANTITY	INVOICE OR ORDER NO.	INV ENC.

REPLACEMENT REQUEST

PLEASE TICK BOX IF ALREADY PLACED:

PRODUCT NO.	PRODUCT DESCRIPTION	QUANTITY

REASON FOR EXCHANGE

IF FAULTY PLEASE REQUEST PRODUCT COMPLAINT FORM

ADDITIONAL COMMENTS (e.g. change of address, new telephone number, catalogue request)

Please return this form with your goods to:

Returns Department, Dentsply Sirona Implants UK & Ireland, DENTSPLY IH Ltd, Building 3, The Heights, Weybridge, Surrey, KT13 0NY, UK.
Telephone: 01932 838 343 Email: orders.implants.uk@dentsplysirona.com Online: www.dentsplysirona.com



Name of Document: Exchange request

Document No: F458

Effective Date: January 2021

Version No: 2