



RMA # _____

Best Value Medical
ATTN: Return Department
1358 Watergap RD
Prestonsburg KY, 41653

Date: _____ Invoice Number: _____ Invoice Date: _____

Customer Name: _____ Email: _____

Return Items

| Quantity | Item No. | Condition / Description | Unit Price | Amount |
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Return Type requested: Exchange Refund

Exchange for (Size or Amount \$ Requested): _____

Detailed Reason for Return: _____

How to Process Your Return

1. Contact bestvaluemedical@gmail.com to receive an RMA form and number.
2. Package your products with RMA Form for return shipment and mail them to address at top of this form.
3. Save tracking number from carrier for BVM staff reference.

Returns that do not have an included RMA form or tracking # cannot be verified or processed. Please allow 7-10 days after we receive your return for processing.

View our comprehensive return policy at <https://bestvaluemedical.com/return-policy/>