

30 Day Satisfaction / 3-year Warranty Form

In order to receive replacement pillow, please include the following items.

All items should fit into a standard mailing envelope.

Please allow for up to 30 days for processing and replacement pillows.

Failure to provide ALL requested items will delay/prevent claim approval:

Circle the type of pillow you're returning:

Original Fiberfil

Memory Foam

Down Pillow

Mediflow Elite

Include copy of the customer bill of sale

Include cap AND 4"x4" cut out around where cap screws in (see Fig A.)

Care Tag (see Fig B. for picture of care tag)

Mailing address for replacement:(If exchanged though a clinic please provide clinic address)

Name _____

Address _____

Phone #: _____ Email: _____

Type of return (circle applicable): 30 Day 3 Year

Reason for Return (circle applicable) Comments:

- ▶ Satisfaction return
- ▶ Tear
- ▶ Leak
- ▶ Other

Mail checklist and items to:

Canadian Location:
Mediflow – Warranty Dept.
5-39 Riviera Drive,
Markham, Ontario
L3R 8N4

USA Location:
Mediflow Satisfaction
Returns, 486 Diens
Drive, Wheeling IL
60090

A. Cap cut out (leave cap screwed into the 4X4 cutout)



B. Care Tag



FOR INTERNAL USE ONLY:

Type of Pillow: _____

Date Received: _____

Customer #: _____

Approved: Y / N

RA#: _____

Resolution: _____

Authorized Signature: _____ Number of Pillows Claimed: _____