



Product Return Form

[PRINT]

Please fill out the fields below:

1. Name:

2. E-Mail:

3. Telephone Number:

4. Product Name(s):

5. Serial Number(s):

6. Please indicate the reason for returning the product:

7. Return Merchandise Authorization (RMA) Number:

8. Comments

Please return this form along with your product(s) to iHear at the following address:

iHear Medical, Inc.
15250 Hesperian Blvd. Suite 102
San Leandro, CA 94578
Phone: (510) 276-4437

Please insure the package, get a tracking number and/or have a signature confirmation to ensure delivery of the product(s) to us. Note that we cannot be held responsible for any lost or damaged shipments.