

MEDICINE RETURN FORM

QTY	PRESCRIPTION ID	DESCRIPTION	REASON CODE	CODE OPTIONS
				1. DAMAGE
				2. EXPIRED
				3. INCORRECT MEDICINE
				4. OTHER (PLEASE SPECIFY)

HOW TO RETURN YOUR MEDICINE

Please follow returns & refund policy. Please fill out this form and send it back to our appointed pharmacy with delivered medicine in its original condition with all tags attached. The medicine must be returned within 7 days of receiving your delivery.

Please state clearly below what are reason(s) that we can resolve it for you.

Return all medicine parcels to:

Wisma Health Lane Family Pharmacy
760 & 762, Jalan Sentul,
Sentul, 51000 Kuala Lumpur

Please include your postage receipt with your parcel - if your medicine is deemed faulty or you received the wrong order we will refund your postage costs. With regard to faulty medicine, if our quality control team deems the medicine not faulty, then postage will not be refunded and you will be required to pay for postage should you wish the item returned to you. We are not responsible for your package whilst in transit to our appointed pharmacy.

For any other information regarding our returns policy, please view our Returns & Refund policy or contact us via e-mail at clientcare@dsavvytech.com.

Returns check list:

1. The item/s that are being returned.
2. Completed 'Medicine Returns Form'.
3. Original receipt of postage costs for faulty product ONLY.

DATE: _____ PRESCRIPTION ID: _____

Contact Details: (Please fill out ALL details in full as on your order)

Name: _____

Email: _____

Address: _____ City: _____

State: _____

Bank Name: _____ Acct No: _____

Contact Number: _____