



**RETURNS FORM**

Phone Bristol office 0845 1300 237 for a Returns Authorisation Number

Complete these fields and include the sheet with the item when you return it, together with the completed **Decontamination Form**

Item Code and Description.....

Individual Batch number [if known] .....

Name of your institution.....

Contact Name at your institution.....

Your Telephone No.....

Your Account No with us [if known] .....

Invoice Number and date [if known] .....

Your Purchase Order Number.....

Patient's Name.....

Item cleaned before being returned [if it has been used] [see Decontamination Form] .....

Name .....

Position .....

Signature .....

Date .....

Please return to:  
BES Rehab Ltd

131 South Liberty Lane, Ashton Vale, Bristol BS3 2SZ  
tel 0845 1300 237 fax 0845 1300 238 [info@besbiz.eu.com](mailto:info@besbiz.eu.com) [www.besbiz.eu.com](http://www.besbiz.eu.com)

Directors: G. Amos and M.B.ter Haar



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