

# ApneaSeal 30 Day Money Back Guarantee

Please complete all sections on this return form and send to [Lisa.Mallyon@bespokemedical.com.au](mailto:Lisa.Mallyon@bespokemedical.com.au)

Customer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Dealer (Clinic) Location: \_\_\_\_\_

Dealer Staff Name: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Date Returned: \_\_\_\_\_ (not more than 30 days from purchase)

Is the mask damaged or does it have a quality defect?  NO  YES

If you answered yes, please do not use this form. Please send this product in for service under the normal warranty process.

## **Mask Type**

N1 ApneaSeal

## **Reason for Return:**

Please select the primary reason for returning the mask and any specific issues.

Reported discomfort while using the mask

Disliked seal

Disliked headgear

Reported difficulty in disassembling and/or reassembling mask

Disliked vent or vent direction

Other: \_\_\_\_\_

Can the problem be assisted by the Manufacture to re-mould the cushion?  No  Yes