

Product Return Authorization Request Form

Instructions:

PATIENT ID/NAME:

- 1. Fill out the form
- 2. Email the form to customer care at customerservice@willowwood.com or for DESIGN
- 3. liners designlinerteam@willowwood.com
- 4. Wait for an email from our customer service team with the RMA#

5. Write	the RMA# on t	he outside of the box	and inc	clude this forn	 n in the box.		
6. Ship y	our return to th	ne correct address lis	ted belo	DW.			
NOTE:	Forms submitt	ed without required fi	elds* wi	ll be returned	to sender.		
Date Company Name				Account #			
Address							
*Contact Na	ame		*C	ontact Phone	Number		
REASON FOR	RETURN:						
1 - Ordered Wror	2b	a - Defective - Out of Box o - Defective - Premature o - Defective - Product Fa	e Wear	3. CC/Shipp	ing Error	4. Warranty	5. Other (explain)
*Order Number	PO Number	*Product Number	*Qty	*Reason Code	Fit Date*	*Explanation a	nd/or serial number.

Return product(s) to WillowWood within 90 days of receiving RMA.

Submit Product Returns

All product other than feet	Feet:
WilllowWood Returns	WilllowWood Returns
15441 Scioto Darby Road	8743 E. Pecos Road, #128
Mt. Sterling, Ohio 43143	Mesa, AZ 85212
customerservice@willowwood.com	customerservice@willowwood.com

RMA#		