

Return Merchandise Form

Complete and include this form with your merchandise for return to the address listed above. Incomplete forms may not be processed. If approved, replacement product(s) will be shipped to the address listed on the order.

Product Name: _____

Order Number: _____ Date of Return: ____/____/____

Reason for return: _____

Description of Reaction/Probability of Adverse Event:

1. Did you have discomfort such as burning, itching or stinging within minutes of application?

☐ NO ☐ YES

Comments: _____

2. Did you experience redness or skin discomfort?

☐ NO ☐ YES

How long after use? ☐ 1 Day ☐ 1 Week ☐ 1 Month

3. Did you experience swelling with redness?

☐ NO ☐ YES

Comments: _____

4. Did sunlight make the discomfort or redness worse?

☐ NO ☐ YES

Comments: _____

5. Are you allergic or intolerant to other products?

☐ NO ☐ YES

List Products: _____

LIKEWISE OFFICE USE ONLY	Received By Initials _____ Date: ____/____/____		<input type="checkbox"/> Return	<input type="checkbox"/> Complaint
	Action Taken:	<input type="checkbox"/> Replacement	<input type="checkbox"/> Credit	<input type="checkbox"/> Refund <input type="checkbox"/> None
	Restocking Fee:	<input type="checkbox"/> No <input type="checkbox"/> Yes		Order #: _____

Questions? Email us at: customercare@likewiseskincare.com