



## Returns/Exchange Request Form

If for any reason, you are unsatisfied with an item purchased from Bariatric Choice, you may return it for an exchange or full refund within 60 days of the original purchase date.

**Instructions:**

1. Please send us the products you would like to return. You may include open products (box, bag, bottle etc.). For exchange requests, shipping on the replacement items will be absolutely free.
2. Include a completed copy of this form with your shipment to ensure expedited processing of your request. If you need assistance completing the form, call our Customer Care Team at 1-800-993-1143.
3. If the price of the requested replacement items differs from the original purchase price, the difference will be figured and refunded/charged accordingly.
4. Refund requests will be processed when the returned items are received at Bariatric Choice. A refund of the purchase price will be applied to the payment method used on the original order. You will receive a credit notification email once we have issued the refund.
5. If you would like suggestions on items or flavors to exchange for, our Customer Care team is happy to assist you and make recommendations. Please call 1-800-993-1143.

Please send Exchanges or Returns to:  
**Bariatric Choice**  
**Attn: Returns/Exchanges**  
**3200 Corporate Drive, Suite B**  
**Wilmington, NC 28405**

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF ORDER: \_\_\_\_/\_\_\_\_/\_\_\_\_

ORDER NUMBER: \_\_\_\_\_

EXCHANGE

REFUND

REASON FOR RETURNING: \_\_\_\_\_

ITEMS RETURNED (please list additional on back):

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

REQUESTED ITEMS AS EXCHANGE (please list additional on back):

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

"I would like to add on to my exchange request, please call me."