



Pearson Dental Supply • 13161 Telfair Ave • Sylmar, CA 91342

RXRA

PRESCRIPTION PRODUCT RETURN AUTHORIZATION

Customer Name: _____ Pearson Account #: _____

Customer Fax Number: _____ RA/FILE#: _____

Customer Address: _____

Order Number: _____ Invoice Number: _____ Date of Invoice: _____

Item#	Product Description	Qty.	Mfr.	Lot#	Expiration

The product(s) being returned were acquired from: ***Pearson Dental Supply*******

I certify that the products being returned have been properly handled and stored in accordance with label directions from the time they were delivered to this facility/office until the time the products were returned to the custody of Pearson Dental Supply. All returns **MUST** include a copy of the original invoice. Return authorization does not guarantee a credit being issued.

Authorized Signature

Date

Print Name

Title

Please fill the above information and **fax a completed return copy to (818) 833-3205 or Email to [Returns@Pearsondental.com](mailto>Returns@Pearsondental.com)**. Keep a copy for your own records.

RETURN ADDRESS:

Pearson Dental Supply
ATTN: Customer Returns Department
13161 Telfair Ave.
Sylmar, CA 91342

Please note the credit for your returned product(s) can not be processed until the product has been inspected upon return and we receive this document. If you have any questions regarding this form, please contact Pearson Dental Supply return department at (800) 535-4535 ext. 231. We thank you for your continued loyalty and look forward to your business.