



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.