



Northeast Medical Systems Corporation
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Returns Policy

Upon receipt of our product, if you are not completely satisfied or have found you have ordered the wrong item, please fill out the return information requested and e-mail your request for return to j.conte@northeastmedicalsyste.ms.com. We will supply you with a return number.

Return Request Form

Product to be returned _____

Customer Original PO# _____

Dealer _____

Reason for return _____

Contact _____

Phone number _____

Contact's e-mail _____

Return Authorization Number _____