



30-Day Mask Guarantee – Replacement Request Form

All sections of this form must be completed. Please fax completed forms to (863) 280-7750 or email them to info@reacthealth.com. Please complete one form per request.

*This form must accompany any claim.

Customer Information:

Company Name:	_____	Account#	_____
Ship-to Address:	_____	Pt Pressure Setting	_____
City/State/Zip:	_____		
Contact Name:	_____	Email:	_____
Phone #:	_____	Fax #:	_____
Replacement Request Date (by patient):	_____	Date of Fitting:	_____

Mask Information:

Original Mask placed on Patient: _____ Size: _____ LOT: _____

Was another size tried on patient? Yes No

Reason for return:

Air leaks / poor seal Mask quality compromised Noisy

Other: _____
(please describe)

If a patient was injured while using this mask or if the mask had a quality defect, please contact our customer service immediately at (863) 226-6285

Replacement Mask Information:

Manufacturer: _____ Mask Name: _____ Size: _____

Signature: _____ Date: _____

The mask guarantee program applies to a properly fitted mask that is returned for reasons other than incorrect size. Mask guarantee is for 30 days from date of mask sale. Submissions after 30 days will be denied. The company reserves the right to cancel or modify this program at any time. The company reserves the right to ask for the return of the mask. Limit one replacement mask per customer per patient. Internet sellers and distributors are not eligible to participate in this program.