

Technical O&P Solutions

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Returned Goods Authorization Form

Com	pany informatio	n					
Compa	any:				Phone:		
Addres	ss:				Fax:		
City:					email:		
Prov/State:					Tax #:		
Postal / Zip:					Customer #	·	
Country:					Other:		
					Date:		
RA # Provided by MOT: MOT Represe Customer Name: Original PO#:							
Qty	Order #	Description	Reason for Ret	urn		Invoice #	Total Cost

Total:					

MOT Office Use Only					
Damaged:	Yes	No	Туре:		
Return to Vendor:	Yes	No	Warranty Replacement: 🗌 Yes	No No	
Restocking Fee:	Yes	No No			
Date Received:					
Received back in M.C.A. Yes No		🗌 No	Date Received:		

www.myrdalorthopedics.com