

Silver Ring Splint Company
PO Box 2856 Charlottesville, VA 22902-2856
info@silveringsplint.com Phone: 434-971-4052

Return								
Merchandise								
Form								

			Invoi	ce #					
	Refund/Credit - 1 accepted. Shipping fees a return. Thank you:								
	Exchange - Indica scratches or tool marks w in below: Name	rill not be accep	pted. Spli	nts returned to y	ou at no ch	narge. If shi	pping to a new address, p	lease fill	
	City					Country			
	PATIENT NAME	PRODUCT CODE	HAND (circle)		SIZE prox	SIZE dist	ADD'L INFO	PRICE	
1.			R L	Th I M R Sm	1			+	
2.			R L	Th I M R Sm		1 1		1	
3.			R L	Th I M R Sm					
4.			R L	Th I M R Sm					
5.			R L	Th I M R Sm					
6.			R L	Th I M R Sm					
7.			R L	Th I M R Sm					
8.			R L	Th I M R Sm					
	edit Card Info: Card #_ d Holder Name (please prin					Exp	piration Date/C	VV	
							/ Zip Country		
	Damaged splints will not	be accepted for	r credit or Please allo Silv		rns may be days to pro rns: Company Street	sent by any		nd you	
	order confirmation and trac AIL: (Please print clearly		ovide an e	email address.					