



# GUNDRY MD™

## Return Information Sheet

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Order # *(located on your order confirmation email)*: \_\_\_\_\_

Item(s) Returned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Reason for return (Circle One)

No results (explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Too Expensive

Too much product

Conflicts with current medication

Other

Thank you for filling this form out completely. It helps us learn more about our customers, and we greatly appreciate the feedback.