



## 30-Day Mask Guarantee – Replacement Request Form

All sections of this form must be completed. Please fax completed forms to (863) 226-6284 or email them to CustomerService@3Bproducts.com. Please complete one request per form.

**\*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 only from date of fitting. 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.*

**3B Medical, Inc.**

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