



RETURN AUTHORIZATION

Return Authorization Number (Issued by CDx Agent): _____

NAME and ADDRESS:

First Name: _____

Last Name: _____

Address Line One: _____

Address Line Two: _____

Address Line Three: _____

City: _____ State: ____ Zip/Postal Code: _____

Country: _____

Telephone #:f _____ Fax #: _____ Email Address: _____

MAILING ADDRESS (If Different Than Above):

First Name: _____

Last Name: _____

Address Line One: _____

Address Line Two: _____

Address Line Three: _____

City: _____ State: ____ Zip/Postal Code: _____

Country: _____

Telephone #:f _____ Fax #: _____ Email Address: _____

Product Information

Product: _____ **Serial Number:** _____

Description Of Service Needed

Instructions (United States)

1. Complete this document and email it to support@cdxlife.com.
2. A CDx Customer Service agent will return this form by email with an authorized return (RA) number for your records.
3. A replacement product will be sent to you.
4. Included with the replacement product will be a shipping label. Return shipping will be paid for by CDx.
5. Ship the product back using the shipping label and box that came with the replacement.

Instructions (Outside The United States)

1. Complete this document and email it to support@cdxlife.com.
2. A CDx Customer Service agent will return this form by email with an authorized return (RA) number for your records.
3. A replacement product will be sent to you.
4. Ship the product in need of repair or replacement to:
CDx Inc.
Attention Repairs & Returns
RA # (Use the RA # Issued by CDx):
401 Kato Terrace
Fremont, CA 94539
5. Return shipping costs are not covered by CDx for non-United States shipments due the variance in shipping processes and costs internationally.