Klarstig

Healthcare & Wellness Rental Return

Identify the items being returned, their condition and the reason for return. The receiving team should confirm receipt and any next action.

Contact and reference

Organization using this document

Your name or contact reference *

Email for a reply if needed

Information for this document

Original order loan or rental reference *

Items identifiers and quantities being returned *

Reason for return *

Condition at return *

- ☐ Unused
- ☐ Used and working
- ☐ Damaged
- ☐ Incomplete
- ☐ Needs inspection

Planned or actual return date *

Return method *

- ☐ Drop off
- ☐ Collection
- ☐ Shipped
- ☐ To be agreed

Requested next action *

- ☐ Receipt only
- ☐ Replacement
- ☐ Refund review
- ☐ Repair review
- ☐ Other

Shipment tracking or handover reference

Specific details

Rental agreement and item reference

Accessories condition return deadline and handover arrangements

Operating context

Facility service or administrative reference

Complete when relevant to this request.

Practical access scheduling and authorized communication arrangements

Limitations and what needs setup

- Submitting the form records the answers in your workspace. It does not approve, schedule, charge or reply on its own unless you add that step to the workflow.
- No payment is taken by default. Online payment needs a connected payment account and is configured separately.
- Email notifications, approval routing, document generation and connections to other systems are available but not switched on until you configure them.

Want help tailoring this form? Free, Starter and Pro include five personal setup sessions, up to 30 minutes each, per new organization.

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