



ResMed 30 Day Money Back Guarantee

Please complete all sections on this return form and send to **anzproductguarantee@resmed.com.au**. The ResMed Customer Service Team will then organise a courier to pick up the returned ResMed product(s). ResMed will provide you with a credit based on the terms and conditions set out in the Partner Instructions. **Valid for selected ResMed product purchases made between 1 May 2020 to 31 December 2024.**

1. Authorised Dealer name: _____
Authorised Dealer location: _____
Customer's name: _____ sleepvantage member no.
ResMed product return date: _____
ResMed device purchased (if applicable): _____
ResMed mask purchased (if applicable): _____
ResMed product purchase date: _____
If AirMini was purchased, was it used as a primary or secondary device: _____

2. Is the device or mask damaged or does it have a quality defect? NO YES
If you answered yes, please do not use this form. Please send this product in for service under the normal warranty process.

3. **Reason for return**
Please select the primary reason for returning the ResMed product(s) and any specific issues within that category.

The customer disliked using the device:	The customer disliked the mask:
<input type="checkbox"/> Reported discomfort while using the device	<input type="checkbox"/> Reported discomfort while using the mask
<input type="checkbox"/> Disliked humidification	<input type="checkbox"/> Disliked seal
<input type="checkbox"/> Disliked AirMini not having humidification on the full face mask	<input type="checkbox"/> Disliked headgear
<input type="checkbox"/> Disliked use of the AirMini App	<input type="checkbox"/> Reported difficulty in disassembling and/or reassembling mask
<input type="checkbox"/> Disliked the sound	<input type="checkbox"/> Disliked vent or vent direction
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

4. By signing this form you accept the terms and conditions of the ResMed 30 Day Money Back Guarantee.
 You acknowledge that all ResMed products have been returned to the Authorised Dealer in good condition.
Signature of sleep therapist: _____ Date: _____
Printed name of sleep therapist: _____