



# 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 March 2021.**

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: \_\_\_\_\_