



ResMed AirTouch™ 14 day cushion replacement guarantee

Please complete all sections on this return form and send to **anzproductguarantee@resmed.com.au**. ResMed will provide you with a replacement credit based on the terms and conditions set out in the Authorised Dealer Instructions.

Valid for AirTouch Starter Kit purchases made between 27 November 2017 to 31 December 2021.

1.
 Authorised Dealer name: _____
 Authorised Dealer location: _____
 Customer's name: _____ sleepvantage member no.
 AirTouch cushions returned date: _____
 AirTouch mask: _____
 AirTouch Starter Kit size purchased: _____
 AirTouch Starter Kit purchase date: _____

2.
 Is the 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
 The customer
 Reported discomfort while using the mask Disliked frame
 Disliked feel of the cushion Disliked sound
 Disliked seal Reported difficulty in disassembling and/or reassembling mask
 Disliked headgear Reported mouth breathing
 Disliked vent or vent direction Other: _____
 Disliked quick connect elbow

4.
 By signing this form you accept the terms and conditions of the 14 Day Cushion Replacement Guarantee.
 Signature of sleep therapist: _____ Date: _____
 Printed name of sleep therapist: _____