



ResMed 30 Day Mask Swap Program

Please complete all sections on this return form and send to **plans@resmed.com.au**. The ResMed Customer Care Team will then organise a courier to pick up the returned ResMed AirFit mask(s). ResMed will provide you with a credit based on the terms and conditions set out in the Partner Instructions. **Valid for customers on ResMed Therapy Plans who swap their mask between 28 October 2020 to 31 December 2021.**

1. Authorised Dealer name: _____

Authorised Dealer location: _____

Customer's name: _____ sleepvantage member no.

Date AirFit mask returned to Authorised Dealer: _____

AirFit mask returned to Authorised Dealer: _____

Date customer received their AirFit mask: _____

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 follow the normal warranty process.

3. **Reason for return**

Please select the primary reason for returning the ResMed AirFit mask.

The customer:

<input type="checkbox"/> Reported discomfort while using the mask	<input type="checkbox"/> Disliked sound
<input type="checkbox"/> Disliked seal	<input type="checkbox"/> Preferred a different fit
<input type="checkbox"/> Disliked headgear	<input type="checkbox"/> Reported difficulty in disassembling and/or reassembling mask
<input type="checkbox"/> Disliked vent or vent direction	<input type="checkbox"/> Reported mouth breathing
<input type="checkbox"/> Disliked quick connect elbow	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Disliked frame	

4. By signing this form you accept the terms and conditions of the ResMed Mask Swap Program.

☐ You acknowledge that the ResMed AirFit mask has been returned to the Authorised Dealer in good condition.

Signature of sleep therapist: _____ Date: _____

Printed name of sleep therapist: _____