

Dr. Scholl's Money Back Guarantee Refund Form

Eligible products are:

Custom 3D Inserts

Unless otherwise stated on your packaging, fill out this form and mail it with the complete pair of insoles/inserts/orthotics 30 days from purchase to:

Scholl's Wellness Consumer Affairs
27070 Miles Rd. Suite A
Solon, OH 44139

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Preferred contact method if needed:

Telephone Number: () _____ or

Email Address: _____

Purchase Price: \$ _____.

Purchase Date: ____/____/____

Reason for insole return:

- Did not fit well in my shoes
- Did not stay in place in my shoes
- Top cloth wore out too fast
- General Dissatisfaction (none of the above). Please describe:

Order #: _____

(Order # from confirmation email)