

# Dr. Scholl's Money Back Guarantee Refund Form

*Eligible products are:* Dr. Scholl's® Custom Fit® Orthotic inserts, Dr. Scholl's® Comfort & Energy insoles and inserts, Dr. Scholl's® Comfort insoles and inserts, Dr. Scholl's® Athletic Series insoles, Dr. Scholl's® Stylish Step™ insoles and inserts, Dr. Scholl's® Pain Relief orthotics, Dr. Scholl's® Odor-X® insoles

Unless otherwise stated on your packaging, fill out this form and mail it with the complete pair of insoles/inserts/orthotics, UPC code from the packaging and original dated sales receipt within 90 days from purchase to:

Dr. Scholl's Money Back Guarantee  
P.O.Box 811930  
Boca Raton, FL 33481-1930

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  
 Dislike  $\frac{3}{4}$  length size  
 Did not stay in place in my shoes  
 Top cloth wore out too fast  
 General Dissatisfaction (none of the above)

Affix original UPC here



Affix ORIGINAL  
Sales receipt here