

Dr. Scholl's Money Back Guarantee Refund Form

Eligible products are: Dr. Scholl's® Freeze Away®, Dr. Scholl's Clear Away® products

Unless otherwise stated on your packaging, fill out this form and mail it with the UPC code from the packaging and original dated sales receipt within 90 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: ____/____/____

Affix ORIGINAL
Sales receipt here

Affix original UPC here

