

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:

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
 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