Dr. Scholl’s Money Back Guarantee Refund Form

Eligible products are: Dr. Scholl’s® Arthritis Pain Reliever, Dr. Scholl’s® Blister cushions and padding, Dr. Scholl’s® Bunion cushions, Dr. Scholl’s® Callus removers and cushions, Dr. Scholl’s® Corn removers and cushions, Dr. Scholl’s® Hot & Cold Massage Ball, Dr. Scholl’s® Odor-X® sprays and powders, Dr. Scholl’s® Ingrown Toenail Pain Reliever, Dr. Scholl’s® Severe Cracked Heel Balm, Dr. Scholl’s® Ultra Exfoliating Foot Lotion, Dr. Scholl’s® Ultra Hydrating Foot Cream, Dr. Scholl’s® Ultra Hydrating Foot Mask and Dr. Scholl’s® Ultra Exfoliating Foot Mask.

Fill out this form and mail it with the original dated sales receipt within 90 days from purchase, UPC code from the packaging, and lot number 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: _______/_______/_______
Lot number: ____________________
Lot number can be found on the bottom of the carton, bottle or can.

*Except for Odor-X® products where UPC is affixed to the can or bottle

Affix ORIGINAL Sales receipt here

Affix original UPC here*

*Sample image of UPC code

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