

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, and Dr. Scholl's® Sized to Fit Insoles.

Fill out this form and mail it with 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

