

# Dr. Scholl's Money Back Guarantee Refund Form

Eligible products are: Dr. Scholl's® Freeze Away®, Dr. Scholl's® Dual Action Freeze Away®, Dr. Scholl's® Freeze Away Max™, and Dr. Scholl's® Clear Away® products

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.

Affix ORIGINAL  
Sales receipt here

Affix original UPC here

