

Return/Cancellation Request Form

(If you wish to return/cancel the product purchased, please fill out this request form and send it to the address below or send via email.) Please also read our return/cancellation policy.

High concentration oxygen store: No.2 Bulding, 2nd floor, 4-11-10 Hatchobori, Chuo-ku, Tokyo1040032
【Email】 info@vigo-medical.com

I, wish to return of goods purchased or the cancellation of service for the following:

注文日

/または受取日

Purchased date and/or Received date

-返品の商品名

Product name to be returned.

-購入者の氏名

Your name

-購入者の住所

Your address

-購入者の署名

Your signature

-日付

Date

* 印刷してご利用ください

Please print this form and fill out.