



225-273-1900 Fax: 225-273-5555  
info@stillmeinc.com

Dear Patient/Therapist,

**ATTN: MANUFACTURERS (RA# \_\_\_\_\_)**

**\*Please include the patient's last name on the invoices as the PO number.**

In order for Still Me Inc. to request an alteration and/or replacement for a medical product, we must request a Return Authorization number from the manufacturer. Please be advised that we are charged for the replacement products and only receive credit when the products are returned.

**WE NEED THE FOLLOWING INFORMATION IN ORDER TO REQUEST AN RA NUMBER:**

- Evaluation / Replacement
- Repair/Alteration

**PATIENT NAME:** \_\_\_\_\_

**REASON FOR REQUEST:** \_\_\_\_\_

**ACTION REQUESTED:** \_\_\_\_\_

**WHO HAS THE PRODUCT FOR RETURN (PATIENT OR THERAPIST)?** \_\_\_\_\_

**EMAIL ADDRESS TO FORWARD THE RETURNS PACKET:** \_\_\_\_\_

**WHERE SHOULD THE REPLACEMENT OR ALTERED PRODUCTS BE SHIPPED TO?**

Company Name: \_\_\_\_\_ Attn: \_\_\_\_\_  
\_\_\_\_\_ Street Address:  
\_\_\_\_\_ City / State / Zip:  
\_\_\_\_\_ Phone: \_\_\_\_\_

A prepaid FedEx label, a shipping label and a copy of this Returns Letter with the RA number will be forwarded to the appropriate party.

**THE RETURNS LETTER MUST BE PLACED IN THE PARCEL THE FEDEX LABEL AND SHIPPING LABEL ARE PLACED ON THE OUTSIDE OF THE PARCEL.**

**You can go to any FedEx Authorized Dealer or FedEx Drop Box to drop off the parcel.**  
Kinkos is a FedEx office that is open 24 hours.

Make sure the products have been properly laundered. Federal law requires that all products worn next to the skin be laundered before being handled for health reasons.

Thank You.  
Still Me Inc