Return Authorization Request Form



500.300.F01

| Requestor | Company: | |
|-------------------------------------|-------------------------------|-----------------------|
| MiMedx Employee: | | |
| RETURN AUTHORIZATION REQUEST | | |
| Facility Name: | | |
| Facility Address: | | |
| Requestor Email Address: | | Phone: |
| Detailed Reason for Return: | | |
| | | |
| Product Number & Description | Tissue Identificat | ion Numbers |
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| | | |
| Customer Signature: | D | ate: |
| Authorized Representativ | | |
| Printed Name & Title: | | |
| | | |
| For MiMedx Group Use Only | | |
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| | | |
| | | Davisian Number |
| Page: Page 1 of 1 | Effective Date: 08/10/2020 | Revision Number: 4 |

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