

## Product Return Request Form

**Product type:**

- Prescription medicine (RX)
- Non-prescription medicine (OTC)
- Medical device
- Dietary supplement / para-pharmaceutical product
- Other type of product (please specify under remarks)

**Crisia Pharmacy from which the product was purchased:**

- Mihai Bravu (District 3)
- Calea Dorobanților (District 1)

**The purchased product requires storage at a controlled temperature:**

- 2–8°C
- 8–15°C
- 15–25°C

**Choose the reason for return (check only one option):**

- Damaged packaging
- Expired product
- Different strength than prescribed
- Different pharmaceutical form than prescribed
- Other reason (to be specified below)

**Attached documents**

- Fiscal receipt or POS receipt
- Warranty certificate (for medical devices)
- Proof of controlled temperature storage (if applicable)

Other relevant documents: .....

**Remarks (max. 100 characters):**

.....  
.....

**Product name(s):**

.....  
.....

**Date of completion:** .....

**Patient's name:** .....

**Patient's signature:** .....

For more details regarding the return policy, please visit: [www.farmaciacrisia.ro/return-policy](http://www.farmaciacrisia.ro/return-policy)

**IMPORTANT! According to GEO 34/2014 and NAMMDR regulations, pharmaceutical products purchased that require controlled temperature storage (2–8 °C) cannot be returned, for reasons related to safety and the integrity of the cold chain.**

The Crisia team thanks you for your trust! We do our best to review and respond to your request within a minimum of 48 working hours from the receipt of the completed form.