



# ResMed 30 Day Mask Swap Program

Please complete all sections on this return form and send to **plans@resmed.com.au**. The ResMed Customer Care Team will then organise a courier to pick up the returned ResMed AirFit mask(s). ResMed will provide you with a credit based on the terms and conditions set out in the Partner Instructions. **Valid for customers on ResMed Therapy Plans who swap their mask between 28 October 2020 to 31 December 2021.**

1. Authorised Dealer name: \_\_\_\_\_  
Authorised Dealer location: \_\_\_\_\_  
Customer's name: \_\_\_\_\_ sleepvantage member no.   
Date AirFit mask returned to Authorised Dealer: \_\_\_\_\_  
AirFit mask returned to Authorised Dealer: \_\_\_\_\_  
Date customer received their AirFit mask: \_\_\_\_\_

2. Is the mask damaged or does it have a quality defect?  NO  YES  
If you answered yes, please do not use this form. Please follow the normal warranty process.

3. **Reason for return**  
Please select the primary reason for returning the ResMed AirFit mask.

The customer:

<input type="checkbox"/> Reported discomfort while using the mask	<input type="checkbox"/> Disliked sound
<input type="checkbox"/> Disliked seal	<input type="checkbox"/> Preferred a different fit
<input type="checkbox"/> Disliked headgear	<input type="checkbox"/> Reported difficulty in disassembling and/or reassembling mask
<input type="checkbox"/> Disliked vent or vent direction	<input type="checkbox"/> Reported mouth breathing
<input type="checkbox"/> Disliked quick connect elbow	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Disliked frame	

4. By signing this form you accept the terms and conditions of the ResMed Mask Swap Program.

You acknowledge that the ResMed AirFit mask has been returned to the Authorised Dealer in good condition.

Signature of sleep therapist: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of sleep therapist: \_\_\_\_\_