Mizuho Medical Innovation
Mizuho America, Inc.

Mizuho America, Inc.
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Return Goods Authorization Request Form for Return

Customer ID: ______________________________

Hospital Name: ______________________________

Address: ______________________________

Hospital Contact Name: ______________________________

Email: ______________________________

Phone: ______________________________

Item #	Lot/Serial #	Qty	Original PO #	Purchase Date	Reason for Return

Please note:

- 20% restocking fee will apply.
- Item must be unopened and in a sealed original package.
- Must be within 30 days from the original purchase date.