



Replacement Device Request

Please fill out and return form

Email: support@homeandwellness.com or Text: 316-633-0511

Customer Name (Person wearing the device): _____

Address: _____

Phone Number: _____

Contact Person: _____

Contact Phone Number: _____

How long have you had your current device?

1 – 6 months

6 – 12 months

12+ months

Do you have device insurance?

Yes

No

Not Sure

Have you received a replacement device in the last 12 months?

Yes

No

Is your device lost?

Yes

No

Is your device or a part of your device broken?

Yes

No

Signature: _____ **Date:** _____