

§ 1 Scope

If you wish to cancel the contract, please complete this form and send it to:

medisana GmbH

Carl-Schurz-Str. 2

41460 Neuss

info@medisana.com

I/we (*) hereby withdraw from the contract concluded by me/us (*) for the purchase of the following goods (*)/
the provision of the following service (*)

Product name (*)

Ordered on (*) / received on (*)

Name of the consumer(s)

Address of the consumer(s)

Order/invoice number:

Signature of the consumer(s) (only for paper notifications)

Date

* Delete as appropriate