

DEFECTIVE LENS RETURN FORM INSTRUCTIONS



uniquely **specialized** contact lenses

1. Download/Save the Defective Lens Return Form
2. Open the Return Form from its saved location
3. Fill out all required header fields:
 - Invoice #
 - Account #
 - Patient Name
 - Name of Person Returning the Lens
 - Date of Return
 - Address, Email, Phone
 - Reason for Return (Quantity & Complete Description of Reason for Return)
 - Whether there was Patient Contact
 - Whether there was Patient Injury
4. Press the “Save” button on the form
 - If you get a popup message saying the "DOCUMENT WAS NOT SAVED!!!", note the missing data that is listed, click "OK", enter the missing data, and press the “Save” button
5. A "Save As" dialog box will be displayed
 - Choose the location to save the Return Form
 - Create a file name for the Return Form
 - Press "Save"
6. A PRINTED hardcopy of this Return Form must be included with the Defective Lens to receive credit

The “Clear Form” button will remove all existing information from the form

REMINDER

The following must be included in the Return to receive credit:

- 1. The Defective Lens**
- 2. A printed copy of the Defective Lens Return Form**
- 3. A copy of the original Invoice**

For all Defective Lens correspondence,
Please contact Quality Assurance at: rhayes@visionary-optics.com or (T) 877.533.1509 x204