



LENSTEC, INC.
 1765 Commerce Avenue North, St Petersburg, Florida 33716
 Tel: 1 (866) 536-7832 Fax: 1 (866) 536-3040

CUSTOMER RETURN AUTHORIZATION FORM

**PLEASE USE THIS FORM FOR OPENED DEVICES ONLY -
 OPENED & NOT USED, LENSES WITH PATIENT CONTACT OR ISSUE WITH THE LENS
 UNOPENED OVERSTOCK OR EXPIRED DEVICES SHOULD BE REPORTED ON INVENTORY RETURN FORM**

Contact Person:		Date:	
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CUSTOMER DETAILS

Company Name:					
Account #					
Address					
City		State:		Zip Code:	
Telephone No:		Fax No:			

ITEM DETAILS

Device Serial No.	Patient Contact or Issue with the IOL (Y/N)* <small>Complete Pg. 2 for each device</small>	Model/Diopter	Injector (Cartridge) Type & Batch#	Doctor	Reason for Return

If more than 10 lenses are being returned please attach a list of, or photocopies of all serial numbers being returned.

Total Returns	
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SHIPPING DETAILS

Date Shipped	Shipped Via (CARRIER)	No. Cartons	Total Weight (in lbs)	AWB NUMBER

Send completed Return Authorization form along with device(s) to Lenstec Customer Service at the address above.

AFTER COMPLETING PAGE TWO - PLEASE CONTACT LENSTEC FOR A RA#

