



NO WARRANTY ACTION CAN BE TAKEN WITHOUT THIS FORM BEING FULLY COMPLETED AND RETURNED WITH THE LENS/ LENSES TO ULTRAVISION INTERNATIONAL

Returns Department  
UltraVision International Ltd

Commerce Way,  
Leighton Buzzard,  
Bedfordshire,  
LU7 4RW  
United Kingdom

# LENS RETURN FORM

Account No	
Account Name	
Patient Reference	
Order No.	
Lens Design	
Lens Material	
Tint Details	
Contact Name	
Phone Number	
Email Address	

Return Date	
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FOR OFFICE USE ONLY	
LOT Number	
Order Date	
Manufacturing Date	
Cell No	
Warranty Expiry *	
Lens Material	

\* Fitting warranty is included on all single lens KeraSoft® IC, KeraSoft® Thin, KeraoSoft® 3 and Silicone Hydrogel lenses. All other products (excluding 2-packs and monthly disposables) have an optional fitting warrant facility. Please refer to our Terms and Conditions for more details.

## REASON FOR RETURN

Please tick all box(es), that apply

If you select 'Other', please complete 'Comments' box(es) below. If it is 'Product Issue(s)', please go to SECTION 3

SECTION 1 Reason for return		R	L	SECTION 2 Exchange Details		R	L	SECTION 3 Product Issue(s)		R	L		R	L		
	1st Exchange				Change of power				Poor vision			Axis				
	2nd Exchange				Change of DIA				Discomfort			Centre thickness				
	Credit				Change of BCOR				Rotation			Tint				
	Replacement				Change of axis				Poor fit			Deposits				
	Spec. check				Change of tint parameters				Split / Damage			Surface				
	Lens sent for comparison				Change of material				DIA			Wettability				
	Duplicate order				Change of lens design				BCOR			Other				
Other			Other			Power										
Product issue(s)																

	Qty Returned	Comments
R		
L		

## LENS ADJUSTMENTS

	Expected VA	Before over-refraction	Over-refraction Details				Rotation		Movement *			
			Sphere	Cylinder	Axis	Add	VA	CW	ACW	Tight	Opti.	Loose
R												
L												

\* Near over-refraction apply to MULTIFOCAL lenses

\* Please enter measurements in mm

## NEW LENS REQUIRED

R	
L	