



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

## LENS RETURN FORM

Patient Reference	
Order No	
Lens Design Name	
Lens Material	
Tint Details	
Account No	
Account Name	
Contact Name	
Phone number	
Email address	

FOR OFFICE USE ONLY	
Complaint No	
Complaint Date	
LOT No	
Order Date	
Manufacturing Date	
Cell No	
Region	
Warranty Expiry*	
Repeat Order	

\* Fitting warranty is included on all single lens KeraSoft® IC, KeraSoft® Thin, KeraSoft® 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

**Dispense Date:** (Approx. date enclosed lenses were dispensed to Px)

**Please tick all boxes that apply:**  
 Complete **Section 1 and 2** for Exchange/Warranty lenses.  
 Complete **Section 3** if lenses did not perform as expected, giving details.  
 Use comment box, if necessary.

SECTION 1 Exchange/Warranty		R	L
	1st Exchange		
2nd Exchange			
Credit			
Replacement			
Spec. check			
Other			

SECTION 2 Exchange Details		R	L
	Change of power		
Change of DIA			
Change of BCOR			
Change of axis			
Change of tint parameters			
Change of material			
Change of lens design			
Other			

SECTION 3 Product Issue(s)		R	L
	Poor fit		
Poor comfort			
Poor vision			
Split/Damage			
Deposits			
Tint Issues			
Other			

	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	Optimum
R											
L											

Near over-refraction apply to MULTIFOCAL lenses

\*Please enter measurements in mm

## NEW LENS REQUIRED

R	
L	

Returns Department  
 UltraVision International Ltd  
 Commerce Way  
 Leighton Buzzard  
 Bedfordshire  
 LU7 4RW  
 United Kingdom

Record 418, V5.0 05.02.2019