



## RETURN AUTHORIZATION FORM

All lenses must be returned with a completed copy of RA form in original packaging to be eligible for credit. Custom and hand painted lenses are not eligible for return except for product defect. Lenses returned as defective will be analyzed for claimed defect. Non-adapt, patient cancellations and/or parameter/color changes are not considered defective exchanges. Incomplete forms or product not returned in original packaging will not be credited and returned to account.

<b>Account #:</b> _____
<b>Phone #:</b> _____
<b>E-mail:</b> _____

<b>Patient Name:</b> _____
<b>Invoice #:</b> _____
<b>Contact Name:</b> _____

### Return Reasons:

<b>1) Parameter Change</b> <b>2) Color Change</b> <b>3) Color non-match</b> <b>4) Cancellation</b> <b>5) Non-Adapt</b> <b>6) Defective *</b> <b>7) Other *</b> <b>Comments:</b> _____   	<b>Date Returned:</b> _____  <b>Reason OD:</b> _____  <b>Reason OS:</b> _____  
<small>*Lenses returned under other or defective must be accompanied by a full explanation of the defect and or issue and are subject to re-inspection to determine if lens is within ANSI tolerance for each item.</small>	

### Internal Use Only:

Date Received: _____
Received By: _____
RA #: _____
Credit Eligible: Y / N
Reason: _____
_____
Credit Memo # _____
Date Returned to Account: _____

Defective Product/Complaint Inspection:
Date Received: _____
Re-inspection Findings: _____
_____
_____
Inspector: _____
Date: _____

**Return Lenses To:**  
 Orion Vision  
 Attn: Returns Dept.  
 393 Sessions Street  
 Marietta, GA 30060

Customer Service: 1-866-300-6257  
 Fax: 1-678-797-1009  
 Consultation: tint@mariettavision.com