



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.

Account #: _____
Phone #: _____
E-mail: _____

Patient Name: _____
Invoice #: _____
Contact Name: _____

Return Reasons:

1) Parameter Change 2) Color Change 3) Color non-match 4) Cancellation 5) Non-Adapt 6) Defective * 7) Other * Comments: _____ 	Date Returned: _____ Reason OD: _____ Reason OS: _____
<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