

LENSTEC Product Return Information



LENSTEC, INC.
 1765 Commerce Avenue North, St Petersburg, Florida 33716
 Phone: 866.536.7832 Fax: 866.536.3040

CUSTOMER REQUEST FOR IOL DESTRUCTION FORM

RID#		FOR LENSTEC USE ONLY	Date:
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CUSTOMER DETAILS

Company Name:		Contact Person
CUSTOMER #		
Telephone No.	Fax No.	Email:

ITEM DETAILS

FOR LENSTEC USE ONLY LENS RECEIVED	Device Serial No.	Model	Diopter	*Patient Contact or adverse event? IF YES COMPLETE RA FORM	Reason for Disposal
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INSTRUCTIONS TO FACILITY:

- 1) Complete Date, Contact Information, item details
- 2) Total items and sign form.
- 3) Return IOLs and completed form to Lenstec (Prepaid Return Label can be downloaded at www.lenstec.com/customers).
- 4) Call Customer Service to ask for a replacement to add-to consignment or check the 'Need Replacement' box below

	Completed by:
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Need replacement
 From Expiration Report

FOR INTERNAL USE ONLY	
DATE MOVED TO WH-DX	FORM PROCESSED BY & DATE

Send completed Certificate of Destruction Form to Lenstec Customer Service at orders@lenstec.com or fax 1-866-536-3040