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

CUSTOMER CERTIFICATE OF DESTRUCTION FORM

THIS FORM TO BE USED TO REPORT OPENED-NOT-USED LENSES WHICH HAVE NOT HAD CONTACT WITH THE PATIENT AND NOT A POTENTIAL COMPLAINT, AS WELL AS **SOFTEC** LENSES WHICH ARE EXPIRED OR WITHIN ONE MONTH OF EXPIRY

Expired/Close to Expiry ClearView 3/SBL-3 lenses should be returned to Lenstec using an Inventory Return Form.

PLEASE USE A RETURN AUTHORIZATION FORM TO REPORT LENSES WHICH HAVE HAD CONTACT WITH THE PATIENT.

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

FOR LENSTEC USE ONLY LENS RECEIVED	Device Serial No.	Model	Diopter	Need Replacement (Y/N)	Reason for Disposal
			*		
			*		
			*		
			*		
			*		
			*		
			*		
			*		
			*		
			*		
			*		
			*		
			*		
			*		

INSTRUCTIONS TO FACILITY:

1) Complete Date, Contact Information, item details
2) Total items and sign form.
3) Fax completed form to 1.866.536.3040 or email orders@lenstec.com
4) Properly dispose of opened/not used or expired device.

USE FOR CONSIGNED LENSES ONLY - NO CREDIT GIVEN FOR DIRECT PURCHASED LENSES

		Completed by	

☐ Need replacement
☐ From Expiration Report

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