



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

CUSTOMER CERTIFICATE OF DESTRUCTION FORM - TEMPLATE

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 LENSES WHICH ARE EXPIRED OR WITHIN ONE MONTH OF EXPIRY.

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:	

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) 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