P.O. Box 30474
Rochester, NY 14603-0474
www.bausch.com

Lens Product Quality Return Form

Account #:_____ Date:_____

Account Name: _____ B&L Sales Rep:_____

Address/City/State/Zip:_____

Email Address:_____ Telephone Number:_____

To comply with Federal Regulations, it is necessary to use the Lens Product Quality Return Form for non-dispended lenses with product quality claims. The account must indicate the nature of the quality concern. All lenses will be inspected to verify claims. Valid claims will receive a replacement lens. Blister packed lenses should be replaced out of the account's trial lens inventory. Vial lenses must be returned in the original package. Bausch & Lomb reserves the right to destroy any lens in which the claim is not verified, signs of wear or mishandling are evident, or the lens is not in the original package. No credit or exchange will be issued.

Please complete one section per lens indicating the manufacturing defect of the non-dispensed lens.

Please indicate if replacement product should be ordered. ☐ Yes ☐ No

Lens Returned_____ (type, parameters) Lot Number _____ **REASON FOR RETURN** EDGE ☐ Rough ☐ Other_____ SURFACE QUALITY ☐ Film ☐ Deposit ☐ Foreign Material ☐ Other_____ DAMAGE ☐ Torn ☐ Folded ☐ Other_____ OFF LABELED PARAMETER ☐ Power ☐ Other_____ Comments:_____ _____	Lens Returned_____ (type, parameters) Lot Number _____ **REASON FOR RETURN** EDGE ☐ Rough ☐ Other_____ SURFACE QUALITY ☐ Film ☐ Deposit ☐ Foreign Material ☐ Other_____ DAMAGE ☐ Torn ☐ Folded ☐ Other_____ OFF LABELED PARAMETER ☐ Power ☐ Other_____ Comments:_____ _____

Customer Signature: _____