BAUSCH + LOMB
See better. Live better.

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

Customer Signature: _____