



RETURN AUTHORIZATION FORM (U-QSP-015/B-1)

Please call Customer Service with any questions
1-866-300-6257

All returns must have a Return Authorization number prior to reorder and include a copy of the invoice and completed copy of Return Authorization form in original packaging to be eligible for credit. Custom and hand painted lenses are not eligible for return except for product defect. Lenses returned as defective will be analyzed for claimed defect. Non-adapt, patient cancellations, parameter and color changes and or lens tears are not considered defective exchanges. Incomplete forms or product not returned in original packaging will not be credited and returned to account. Shipping charges and warranty fees are non-refundable. Orion Vision is not responsible for returns that are lost in transit or damaged due to improper packaging. We recommend that packages be shipped by a traceable means such as UPS or FedEx.

Return Authorization #: _____	
Account #: _____	Patient Name: _____
Phone #: _____	Invoice #: _____
E-mail: _____	Office Contact: _____
1) Parameter Change 2) Color Change 3) Color Non-match 4) Cancellation 5) Non-Adapt 6) Defective* 7) Other*	Date Returned: _____ Reason OD: _____ Reason OS: _____
Comments: _____	
<p>*Lenses returned under other or defective must be accompanied by a full explanation of the defect and or issue and are subject to re-inspection.</p>	

Internal Use Only:

Date Received: _____
Received By: _____
Reason: _____

Credit Memo # _____
Date Returned to Account: _____
Reason Codes for Credit:

Total Credit Amount: _____

Return Lenses To:
 Orion Vision Group
 Attn: Returns Dept.
 393 Sessions Street
 Marietta, GA 30060
www.orionvisiongroup.com