



To enable us to process your credit/exchange more efficiently, please provide a reason for credit/exchange. Failure to do so may affect credit/exchange due.

Account No:	Customer:
Lot No.	Patient:
Contact Name:	Phone No:

Please indicate reason for Credit/Exchange *(Mark all applicable):*

Lens affected								
<input type="checkbox"/> New Specification	BC	Diam	Power	Tint	BC	Diam	Power	Tint
Other details								
<input type="checkbox"/> Exchange - valid exchanges will be provided FOC, no need to return the lens.								
<input type="checkbox"/> Analysis - please give details and return lens with this form for analysis								
<input type="checkbox"/> No Longer Required - full details must be provided to obtain a credit, no need to return the lens.								
<input type="checkbox"/> Other- please give details								

Completed forms to be sent to: returns@menicon.co.uk. Please see our Terms & Conditions for further information