

Account No:

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.

Customer:

Lot No. Contact Name:				Patient: Phone No:				
ease indicate reason f	or Credit/	/Exchange (	Mark all appli	icable):				
Lens affected								
☐ New Specification	ВС	Diam	Power	Tint	ВС	Diam	Power	Tint
Other details								
Exchange - valid ex	changes v	will be provid	ed FOC, no	need to r	eturn the le	ns.		
	∕e details	and return le	ens with this	form for a	nalysis			
☐ No Longer Required	d - full deta	ails must be	provided to	obtain a c	redit, no ne	ed to return	the lens.	
Other please give o								
☐ Other- please give o	icialis							

Completed forms to be sent to: <a href="mailto:returns@menicon.co.uk">returns@menicon.co.uk</a>. Please see our Terms & Conditions for further information

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