



\*Do not use this form for Product Quality Issues:

### LENS RETURN FORM

Account Number:	Date:
Account Name:	B+L Sales Rep:
Address/City/Province/Postal Code:	
Phone Number:	Email address:
Contact Name:	

**In order to receive full credit, the returned lenses must meet the following requirements:**

- Accompanied by a valid invoice number or order number
- In the original package
- Authorization on orders over 20 boxes through your Bausch + Lomb Territory Manager

**Product NOT eligible for credit or exchange\***

- Expired – or 12 months or less left to expiry
- Discontinued
- Product damaged during return to B + L

*\*Product not eligible for credit or exchange will be destroyed in accordance with Bausch + Lomb policy.*

**RETURN REASON CODES** (use to complete below)

<b>BL1</b> – Duplicate order <b>BL2</b> – Wrong Product / Power ordered	<b>BL3</b> - Patient cancellation
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LENS TYPE (B/C, +/- sphere, cyl, axis or ADD)	Quantity	Invoice #'s or Order #*	Return Code* (required)

\*mandatory field

Return Product to:      Bausch + Lomb Canada  
                                  Attention: Returns Department  
                                  520 Applewood Crescent  
                                  Vaughan, Ontario L4K 4B4

This form is also available at [www.bauschonline.ca](http://www.bauschonline.ca) or by calling our Customer Service Department at 1-800-686-7720 (English) or 1-800-686-0002 (French) to receive a fax copy