



**CONTACT LENS ANALYSIS FORM**

To maintain our high level of quality control and shorten our response time to you, we require that you complete all fields of this online PDF and click on the submit button to e-mail the form back to our Customer Services Department at [ordersa@bausch.com](mailto:ordersa@bausch.com) or fax it after printing to (011) 372 5605. The Customer Service Department will then contact you back with a reference number (RMA) and details of a courier collection. The following information is required when returning contact lenses for analysis:

- 1) Date of purchase, account number and invoice number
- 2) Lens type, including base curve and prescription
- 3) The problem being experienced
- 4) Results of the slit lamp evaluation, including fluorescein staining
- 5) Patient history if applicable.

This will enhance the service provided to your patient.

Account no: Date of purchase	
& invoice # Lens details (script & B.C)	
Problem experienced	Please let patient use attached form to fill in, or use as a guideline for an e-mail response.
K-readings R:	
L:	
Please indicate whether you would like to receive a credit only or you require feedback and to which e-mail address	



### Contact Lens Upliftment Instructions

Please read the following instructions carefully before proceeding:

1. The Stock Upliftment Request form must be completed for both Sealed Exchange Returns and Contact Lens Analysis. An Invoice must be attached. Reason codes need to be provided for both types on the request form.
2. Please verify from the Credit Returns Policy on the Web-Shop web-page that you are eligible to return stock within the proper expiry date.
3. The section on analysis may be ignored, if normal sealed exchange is needed only.
4. The courier costs of returned stock is funded by Bausch + Lomb, but unfortunately no stock can be returned unless returned by this method only. The courier will not receive a parcel without a RMA (Returns Reference) number.
5. This number is allocated by our Customer Services Department only after proper forms are completed, either via this form returned with e-mail to us, or via printing the empty forms, completing them and faxing them back to us on +27 (011) 372 5605
6. Please consider replacing single torn lenses with a trial without the need for Analysis. Please consider sending contact-lenses for analysis only after two or more lenses from a box is defective. You may keep single torn lenses for a Territory Manager to inspect first, if more convenient, and basic analysis is required only.
7. Please indicate clearly on both the Stock Upliftment Request form, and the Contact Lens Analysis form if you wish to receive feedback on the outcome.
8. Please provide an e-mail address for feedback on Contact Lens Analysis under comments.
9. Please be aware that the process for Contact Lens Analysis may take up to two weeks after the lenses have been collected by a courier.
10. Please consider re-ordering boxes of contact-lenses immediately to avoid time delays to patients. This allows for fast replacement and the credit for this defective product to be followed up on a more convenient time.
11. Please consider ordering a replacement trial pair of contact-lenses, if you prefer to receive the credit/analysis feedback on defective lenses first
12. If a defective contact-lens product is identified through analysis, it is not automatically re-ordered. You will receive a notification of the Credit immediately, if you indicated you wish to have this. This ensures that Customers take their own proper course of action after the initial order is credited, and feedback provided. Please indicate clearly under comments, the course of action you wish to follow.
13. Please include a contact name and number clearly under comments, so that we can provide feedback effectively.

**Stock Upliftment Request**

Please Fax to: 011 372 5605

or e-mail to: ordersa@bausch.com

Customer Service Agent:(CSA) to write Name in

Please Note: All fields below must be filled in before your request will be authorised.

Date:

CUSTOMER NAME:

Original Invoice/Document Nr

BL Account Number:

Original Invoice/Document Date:

Tel Nr :

Nr of cartons to be collected:

Name of Customer Contact Person:

Nr of pallets to be collected:

Item Code as per Invoice	Product Description as per Invoice	Batch Nr or Serial Nr as per Invoice	Qty to Return	Reason Code* (see below)

<b>*Return Reason Codes:</b>	
Code Nr	Return Reason:
01	Analysis, QA Testing
02	Broken Cold Chain Customer Cancelled Order (please specify cancellation reason below)
03	Received Damaged by Customer
04	Damaged/ Marked by Customer
05	Duplicate Order
06	Expired/Short Dated
07	Incorrect Address/Account
08	Incorrect Product
09	Over/Undersupplied
10	Late Delivery
11	No documentation
12	Product Recall
13	Sealed Exchange
14	Other (please specify below)

For Office Use
<b>Stock Upliftment Request :</b>
Date Received from Customer:
<b>Return Authorisation:</b>
Commercial Manager Responsible: Authorised/Rejected: Date:
<b>RMA:</b>
Processed By CSA: RMA Nr: Date Processed: Date Customer Informed re RMA:

Comments:

Please note that no product will be credited without a RMA  
Damaged, expired, shopsoiled or marked products will not be credited

Patient history (if applicable)	
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COMPLETE

Please click [here](#) to submit your PDF:  
You may also print the blank form  
and fill it in by hand and fax it to:  
011-372 5605

Bausch & Lomb  
ATT: Professional Relations Manager: Matthew Jackson  
14 Voyager Street,  
Linbro Business Park,  
Johannesburg,  
2090

PO Box 5435,  
Rivonia,  
2182

# BAUSCH + LOMB

## PRODUCT COMPLAINTS PATIENT QUESTIONNAIRE

Note: This form is to be completed by You as patient, or as Eye-Care Practitioner repeating correct patient information. This PDF Form can be forwarded to the relevant complainant and then finally e-mailed back to [ordersa@bausch.com](mailto:ordersa@bausch.com). You may print and fax back to us (011) 372 5605. This form is applicable to Bausch + Lomb Vision Care products. Please be aware that completing this form makes the statements binding in regards to the complainant.

### **SECTION 1 - NATURE OF COMPLAINT**

Initial date of complaint:

1.1 Complainant's (Patient) Name:	
1.2 Address:	
1.3 Tel No:	
1.4 Product concerned:	
1.5 Expiry Date and Lot No:	
1.6 Place & date of purchase:	
1.7 Complaint Received by:	
1.8 Nature of complaint in patients own words:	

1.9 Current status to the problem in patients own words.	
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1.10 Corrective action requested by patient. e.g. analysis, replacement	
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**Print Name:**

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**Date:**

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**Practise Name and Practice Number:**

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Please click [here](#) to submit your PDF:

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and fill it in by hand and fax it to:

011-372 5605