

Soft Lens Warranted Request for Credit

Please note: lenses that were ordered non-warranted or do not meet the return policy guidelines as detailed on reverse are NON-REFUNDABLE. Lenses will be inspected upon receipt to determine credit eligibility.

Returned Invoice #: _____ Patient Name: _____

Account Name: _____ Account #: _____ Ship-To #: _____

Reason for Return: Warranted Refit Other - please explain in detail: _____
 Warranted Patient Cancellation _____

Lenses and this completed form must be returned via a traceable shipping method to:

Art Optical Contact Lens, Inc., 3175 Three Mile Road NW, Walker, MI 49534.

Art Optical will not be held responsible for returned lenses not received by our facility.



phone: 1.800.253.9364 • 616.453.1888 **fax:** 1.800.648.2272 • 616.453.8702 **consultation:** 1.800.566.8001 **online:** www.artoptical.com