

ART^{Optical} Soft Lens Request for Credit

contact lens, Inc.

Returned Intelliwave® and KeraSoft® IC custom soft lenses will be considered for credit under the No Risk Warranty or the Guaranteed Fit Program guidelines. See Art Optical Warranty Programs or patient invoice for details.

Please note: For credit consideration, warranted custom soft lenses must be returned in their **original glass vials** with labeling intact within the specified warranty period and accompanied by this completed form. Return shipping costs and proof of delivery on all returned product is the responsibility of the customer. Art Optical will not be held responsible for returns not received at our facility; shipping & handling fees are not eligible for credit. Returned lenses are inspected upon receipt to determine credit eligibility and per FDA regulation, cannot be returned to sender.

Returned Invoice #: _____ Patient Name: _____

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

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

Return lenses via a traceable shipping method to: **ART^{Optical} 3175 3 Mile Road NW, Walker, MI 49534.**
contact lens, Inc.