



*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)

BL1 – Duplicate order BL2 – Wrong Product / Power ordered	BL3 - 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 <https://ordering.bausch.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