

Sauflon Lens Returns Department
Unit D Foster Road
Sevington
Ashford
Kent TN24 0SH



Sauflon Contact Lens Return Form

All returns must be sent to the address above. Address labels can be printed from the Returns Policy Web Page www.sauflon.co.uk/sauflon-returns-policy.html

For further information please contact the Customer Care Department on 020 8322 4222 or refer to Sauflon's standard terms and conditions.

Practice Name

Practice Postcode

Practice Account No.

Date

Returned Lenses

Despatch No. OR Invoice No. OR Reg. No.	Patient Reference OR Surname	Lens Type	Lens Power	Quantity returned	Reason for return	Action required Credit / Exchange

Total number of lenses returned for credit

Exchange Lenses Required

Total number of lenses returned for exchange

Patient Reference/Surname	Lens Type	Lens Power	Quantity returned

Total number of exchange lenses required

Contact name at Practice

Signed on behalf of Practice
