



VISION CARE, INC.

RETURNS FORM (For U.S. Eye Care Practitioners Only)

NOTE: DO NOT USE THIS FORM FOR PRODUCT QUALITY ISSUES. PLEASE CALL CUSTOMER RELATIONS AT 1-800-843-2020

We want to ensure that you are completely satisfied with your purchase of ACUVUE® Brand family of products. If a return is necessary, please complete the following information so we can efficiently process your request.

You no longer need to contact Customer Service to return product that meets our policy.

ACCT NAME: \_\_\_\_\_

ACCT NUMBER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Required: Please provide a reason for the return.

Return Codes (use for table below)

A01 -Order Shipped Incorrectly

A02 -Duplicate Order

A03 -Ordered Wrong Product/Power

A04-Patient Cancellation

A05-Patient Exchange

A06-Overstock

A07-Damaged

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unacceptable Returns	QTY
Expired Product	DO
Opened Boxes	NOT FILL
Defaced, or marked multipacks	OUT

PRODUCT NAME AND POWER

QTY

RETURN CODE

1.		
2.		
3.		
4.		
5.		
6.		

Total Multipacks:

\_\_\_\_\_

If Total is > 15 multipacks then you must get a Return Authorization Number from your Johnson & Johnson Vision Care Inc. Sales Representative.

If you do not know your Johnson & Johnson Vision Care Inc. Sales Representative, please call Customer Service at 1-800-874-5278

This Returns form is for U.S. Eye Care Practitioners Only

Authorization Number (>15 multipacks)

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Return Lenses to

Johnson & Johnson Vision Care Inc.  
7500 Centurion Parkway  
Jacksonville, FL 32256

CONFIRMATION FOR YOUR CREDIT WILL APPEAR IN YOUR NEXT STATEMENT  
Credit will be denied for all product not meeting JJVCI Return Policy and product will be destroyed