



Request for Credit Form

Account Name _____

Account # _____

Patient Name _____

Original Invoice # _____

Remake Invoice # _____

Please check one of the following:

P.O.G.s' Lab Error _____

Error Edging Lens _____

Doctor's Rx Error _____

Scratch Warranty _____

Non-Adapt _____

Rx off Power/off Axis _____

Frame Defective/Damaged _____

Other* _____

*Explain Other: _____

When returning lenses for credit, please refer to P.O.G. Labs' policies for prompt response to your returns.