

**SHIP-BACK INFORMATION
TO ACCOMPANY ITEMS SENT TO LABORATORY**

**DAVIS VISION
1-800-888-4321**

**SUITE 105
655 RICHLAND HILLS DR.
SAN ANTONIO TX 78245**

**3805 WEST CHESTER PIKE SW
350 BLD D
NEWTOWN SQUARE, PA 19073**

TODAY'S DATE

FROM:	DOCTOR'S NAME	PANEL #

PATIENT:	PATIENT'S NAME	VOUCHER #

FOR NON-PLAN FRAME ORDERS

FROM:	MANUFACTURER	STYLE	SIZE

REFERENCE:	DATE OF ORDER	INVOICE#	COLOR

FOR EYEGLASS RETURNS

ORIGINAL ORDER DATE:	DATE OF ORDER
	INVOICE#

TYPE RETURNED (check one)	
UNDISPENSED	
DISPENSED	
WARRANTY	

DETAILS: PLEASE DESCRIBE REASONS FOR RETURN OF EYEWEAR BELOW:

(FOR LABORATORY USE ONLY)

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