REFUND TAB  7days delays Please make sure lenses and first invoice are attached to this form. If the lenses and the copy of 1st invoice is not attach, no credit will be issued.	# Customer Account			Patient reference	
	Order number		Date ordered		Date received
	Amount requested				
Please first this the attach,	Comment				
LENSNET	☐ LensNet Atlantic	☐ LensNet	Quebec	Approved by :	
	☐ LensNet West	☐ LensNet	Ontario	Date of credit / Approved Amount :	
	☐ LensNet Elite				
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LENSNET	☐ LensNet Atlantic	<ul><li>☐ LensNet Quebec</li><li>☐ LensNet Ontario</li></ul>		Approved by :	
	☐ LensNet West			Date of credit / Approved Amount :	
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	Comment				
LENSNET	☐ LensNet Atlantic	☐ LensNet	Quebec	Approved by :	
	☐ LensNet West	☐ LensNet Ontario		Date of credit / Approved Amount :	
	☐ LensNet Elite			Date of Cledit / Approved Amount :	