

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

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