

**CUSTOMER CERTIFICATE OF DESTRUCTION FORM**

**COD#**

**FOR LENSTEC USE**

**ONLY Date:**

CUSTOMER DETAILS `

Company Name: CUSTOMER #

Telephone No.

Contact Person

Fax No.

Email:

ITEM DETAILS

Device Serial No.

Model

Diopter

Contact? IF YES COMPLETE RA FORM

Was there an adverse event?\*

Reason for Disposal

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INSTRUCTIONS TO FACILITY:

1. Complete Date, Contact Information, item details
2. Total items and sign form.
3. Return form via email to [orders@lenstec.com](mailto:orders@lenstec.com) or fax to 1.866.536.3040
4. Properly dispose of lens at facility, ensuring the lens cannot be used by:
   1. Deface identifying labels (vial, packaging) by permanent marking.
   2. Cut lens in half before disposal.

Total Lenses Completed by

\*COMPLETING THIS FORM ACKNOWLEDGES THAT THE INTRAOCULAR **LENS DID NOT COME IN PHYSICAL CONTACT WITH THE PATIENT**, OR THAT **NO ADVERSE EVENT OCCURRED**. IN ADDITION, THE FACILITY ACKNOWLEDGES THE LENS WILL BE PROPERLY DICARDED USING PROPER MEDICAL DISPOSAL PROCEDURES (#4 above).

RETURN OPTIONS:

Need replacement

From Expiration Report

FOR INTERNAL USE ONLY

DATE MOVED TO WH-DX

FORM PROCESSED BY & DATE

Send completed Certificate of Destruction Form to Lenstec Customer Service at [orders@lenstec.com](mailto:orders@lenstec.com) or fax 1-866-536-3040