

Instructions:

1. Select the type of redo you're requesting (Doctor or Warranty).
2. Provide your Account Information, Patient Information and Invoice#.
3. Include the change(s) needed in the appropriate fields provided.
4. Confirm your request by initialing the "Authorization" box at the bottom of this page.
(Redo request will not be processed unless the "Authorization" box has been initialed.)
5. After saving the file in PDF format, print a copy to wrap around the frame before sending it back to CSC.
6. Email the completed form to cscgroup.redos@gmail.com or Fax to **(888)-416-1120**
7. Emailed or Faxed Redos/Warranties will be processed the same day if submitted by 12pm.
8. Redos/Warranties that are called in will be processed within 24hrs-48hrs after placing the call.
9. Please **Print Clearly** and **Fill Out Form Thoroughly** to avoid delays.

*****This Form is for "Doctor" and "Warranty" Redos ONLY*****

DR REDO	Date:	
WARRANTY	Account #:	
FRAME TO COME	Account Name:	
LENS ONLY	Patient Name:	
UNCUT LENS	*Invoice/Insurance#:	*Required
	Submitted By:	

Lens Style Change	→	
Material Change	→	
Rx Change	→	
AR Coating / Extras	→	
Frame Change	→	
Warranty (Reason)	→	

FOR QUESTIONS AND CLARIFICATIONS, PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Contact Name:	Phone:	Email:
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I have reviewed the information provided on this form.

I Authorize CSC Group to begin processing my redo request upon receipt of this form.