

## 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. Save the file using in this format: **AccountNumber-PatientLastName-InvoiceNumber.PDF**
6. Print a copy to wrap around the frame before sending it back to CSC
7. Email the completed form to [cscgroup.redos@gmail.com](mailto:cscgroup.redos@gmail.com)

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

<b>Dr. Redo</b>	<b>Frame To Come</b>	Account Name:																	
		Account #:																	
		Patient Name:																	
		Invoice/Insurance#:																	
<b>Warranty Redo</b>	<b>Lens Only</b>	Submitted By:																	
		Date:																	
		<table border="1"> <tr> <td><b>Lens Style Change</b></td> <td>→</td> <td></td> </tr> <tr> <td><b>Material Change</b></td> <td>→</td> <td></td> </tr> <tr> <td><b>Rx Change</b></td> <td>→</td> <td></td> </tr> <tr> <td><b>AR Coating /Extras</b></td> <td>→</td> <td></td> </tr> <tr> <td><b>Frame Change</b></td> <td>→</td> <td></td> </tr> <tr> <td><b>Warranty (Reason for Return)</b></td> <td>→</td> <td></td> </tr> </table>		<b>Lens Style Change</b>	→		<b>Material Change</b>	→		<b>Rx Change</b>	→		<b>AR Coating /Extras</b>	→		<b>Frame Change</b>	→		<b>Warranty (Reason for Return)</b>
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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.**