

LVA Return Form

Date : Practitioner name: GOC number: Practice address:
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This form is used to return low vision aids that are not used or no longer used so that they can be recycled in the scheme.
Appliance(s) being returned. **Broken or Faulty aids more than a year old can be discarded by the practice.**

Patient Name & DOB	Code	Description	Reason for return (circle correct reason)	Brief description of fault	Comments
			Not useful for the task Vision changed Patient Deceased Broken & less than a year old (replacement not required).		
			Not useful for the task Vision changed Patient Deceased Broken & less than a year old (replacement not required).		
			Not useful for the task Vision changed Patient Deceased Broken & less than a year old (replacement not required).		
			Not useful for the task Vision changed Patient Deceased Broken & less than a year old (replacement not required).		

MCP 38186 November 2014

Please include this form in the Parcel when returning Aids to Edward Marcus. Attach the Pre-Paid Returns Label to the parcel.

Please include this form in the parcel with any LVA's using a pre - paid Edward Marcus postage label.
If no LVA's are being returned please fax form straight to LVSW on 01267 674103

Patient Name & DOB or Practitioner who is responsible for the demo kit	LVA - Description Code	Fax to LVSW on 01267 674103				Replacement form+LVA to EM (Manufacturer Fault Only)	Brief description
		LOST	STOLEN	BROKEN	DEMO KIT		

This form is used to order replacement low vision aids that belong to the patient
or **demonstration kit**, for the following reasons:
• Broken, faulty or have been lost or stolen.
• Only faulty aids less than a year old should be returned to Edward Marcus(Manufacturer Fault ONLY)
• Broken or faulty aids more than a year old should be discarded by the practice

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