

# 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).		

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

# LVA Replacement Form

Date:..... Practitioner name:..... GOC number:..... Practice address:.....

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

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

Please include this form in the parcel with any LVAs using a pre - paid Edward Marcus postage label.  
 If no LVAs are being returned please email form to L VSW at low.vision@wales.nhs.uk