

# INVENTORY RETURN FORM

<u>RETURNING PRODUCT</u>		<u>OFFICE NAME:</u>
<b>ORIGINAL OPTICIAN:</b> _____		_____
<b>OPTICIAN FILLING OUT FORM:</b> _____		
<b>PATIENT NAME:</b> _____		
<u>ITEM:</u>	<u>BARCODE:</u>	
_____	_____	
_____	_____	
_____	_____	
<u>REASON:</u>		
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_____		
_____		
_____		

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