

Central Manufacturing Quality Investigation Form

While our current reject/remake process captures enough information for RxO to react to most opportunities, there are occasions where we see **highly unusual issues, or multiple rejects for the same order**. In these situations, we want to provide the opportunity for stores and field to share additional information to the labs for review.

Instructions: Complete this entire form and collect the following items to be included in the image set. Take a separate image (up to four can be sent at one time using MyLook) of each one of the bullet points below **and send to your ROM:**

- Rejected Eyewear
- Central Manufacturing Quality Investigation Form
- Store Lab Rx Ticket
- Include all copies of Outside Lab Rx Tickets

Please note: Timely receipt of rejected eyewear images is critical, please provide MyLook images to your ROM immediately.

Today's Date: _____ Store Number: _____

Associate Name & Title: _____ Customer Name: _____

Original Order (4-digit store # / 11-digit order #): S _____ / _____ Original Order Date: _____

Re-transmit (4-digit store # / 11-digit order #): S _____ / _____ Re-transmit Order Date: _____

Order Type: ☐ Complete ☐ Lenses Only Uncut ☐ Authentic ☐ Cut & Edge

Select the Quality Issue(s) check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Mismatched lenses / Upside down gradient | <input type="checkbox"/> Engravings missing or too deep |
| <input type="checkbox"/> Missing add-ons that were ordered | <input type="checkbox"/> Mirror coating |
| <input type="checkbox"/> Off power by more than 1 diopter | <input type="checkbox"/> Drill mount concerns |
| <input type="checkbox"/> Incorrect lens size (Big or Small) | <input type="checkbox"/> Gaps / Lens Shape / Wrong Frame |
| <input type="checkbox"/> Tint issue (Color / Density) | <input type="checkbox"/> Other (include detailed comments below) |
| <input type="checkbox"/> Multiple rejects for the same lab issue (provide prior reject reason _____) | |

Use this area to further describe the quality issue if needed:

Please include the values of your inspection results (If rejected for Rx reasons)

Is this Rx optimized? (Y or N) If yes document optimized reading.

OD: Sphere: _____	Axis: _____	Cyl: _____	Add: _____	Prism: _____
OS: Sphere: _____	Axis: _____	Cyl: _____	Add: _____	Prism: _____

Circle Manufacturing Facility: Atlanta Columbus NorthCreek (Dallas) Other _____