Please mail all returns to:
White Ophthalmic Supply
15-240059 Frontier Cres SE
Rockyview County, AB T1X 0N2

RMA Request Form

Please fill out this form and submit with any product for return.

Customer Information	
Date:	
Invoice Number:	Customer ID:
Contact Name:	Contact Phone Number:
Contact Email:	

Shipping Information		
Street Address:		
City:	Province:	Postal Code:

Product Information	
Product Name:	Quantity:
Item Number:	Serial Number (if applicable):
RMA Type: ❒ Refund ❒ Exchange ❒ Repair ❒ Other	
Please provide a brief description of the reason for return or product fault:	

Return Policy

We gladly accept unused products purchased from us within 30 days. Packages must be shipped back in resalable condition along with the packaging they came in. We also accept faulty equipment falling under warranty terms. Customers must contact us about returns before items will be accepted and must have documentation included with the package. Some items will be subject to a restocking fee of 20%.

Special orders are NOT returnable unless defective. Shipping and handling charges are not refundable, and may be added to returns which drop the original value of the purchase to a value in which shipping would have been originally charged.

Pharmaceutical products are not returnable unless expired. Some expired pharmaceutical products are eligible for return for partial credit. Please contact us at 1-800-661-1562 or visit the FAQ section at our website (www.whiteop.ca) for a list of eligible products and instructions on how to complete a pharmaceutical return.