INVENTORY TRANSFER FORM

DATE: _____   *TRANSFER FROM: _____*

OPTICIAN:_____   *TRANSFER TO: _____*

PATIENT NAME: _____

REASON:_____

            ITEM(S)   *BARCODE*

_____

_____

_____

_____

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_____

                                            Rcv'd By:

                                         _____

<u>Transferring Instructions--IMPORTANT</u>

**Pull frame from your board and fill out the above information. Wrap form around frame and send to Central Supply to be adjusted out properly. **

                    Call CS with any questions....

Central Supply will do inventory adjustments in Compulink. Do not do this @ your location