

Transitions® lenses

Love Them or Exchange Them guarantee - valid until 31 December 2012

Claim & Return Form

Ensure this form is returned to your laboratory with the Transitions Product.

Conditions

- 1. This claim form must accompany the returned Transitions product with a copy of your customer's proof of purchase.
2. If a patient is not completely satisfied with the Transitions component of their eyewear, fill out this Claim & Return form and send to the Laboratory the lenses were originally ordered from.
3. The patient must return their lenses to your practice within 30 days from collection of eyewear.
4. Patient needs to nominate reason for return and sign the form.
5. Eyecare professional must also sign the form.
6. Love Them or Exchange Them guarantee is applicable to the Transitions component only.
7. If your customer is not happy with Transitions lenses performance, exchange Transitions VI or Transitions XTRActive lenses for clear lenses in same prescription, design, index, coating, and frame from the same Lens Supplier.

Practice Name: Date:

Practice Phone Number: Account Code:.....

Cartnote No: Order No:.....

Patient Name: Reference:

Date of collection: ____ / ____ / ____

Product: [] Transitions® VI lenses [] Transitions® XTRActive™ lenses [] Xperio™ Transitions® performance sun lenses

Reason for patient return of Transitions lenses:

- [] Level of darkness outdoors [] Fade back speed
[] Activation speed [] Clarity indoors and at night
[] Other (please specify)

Patient signature: Date:

Eyecare Professional signature: Date:

- It will take approximately 3 to 7 days for you to receive a replacement pair of lenses from your lab.
• You will be charged for the replacement static lenses.
• You will be credited for the static lenses when they are returned to the lab.

Laboratory to complete

Laboratory name:

Date replacement sent back to practice:

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transitions.com



Transitions® ADAPTIVE LENSES