

# 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. Patient select reason for return and sign the form.
4. Eyecare professional must also sign the form.
5. *Satisfied or Exchanged* Guarantee is applicable to the Transitions component only. It does NOT cover:
  - Progressive lenses non-adapts (this is covered by regular Lens Supplier non-adapt warranty)
  - Frames
  - Incorrect prescription or ordering
6. If your customer is not happy with Transitions lenses performance, exchange for clear lenses in same prescription, design, index, coating, and frame from the same Lens Supplier.
7. The patient must return to your practice within 30 days from collection of eyewear.

Practice Name: ..... Date: .....

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

Cartnote No: ..... Order No: .....

Patient Name: ..... Reference: .....

Date of collection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Description of product being returned: .....

Reason for patient return of Transitions lenses:

- |   |   |
|---|---|
| <input type="checkbox"/> Level of darkness outdoors   | <input type="checkbox"/> Fade back speed              |
| <input type="checkbox"/> Activation speed             | <input type="checkbox"/> Clarity indoors and at night |
| <input type="checkbox"/> 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 clear lenses from your lab.
- You will be charged for the replacement clear lenses.
- You will be credited for the clear lenses when they are returned to the lab.

## Laboratory to complete

Laboratory name: .....

Date replacement sent back to practice: .....

Please note: One copy of this form needs to be faxed to your lens caster and one copy to Transitions Optical.

Australia Stores Fax to: 1800 355 553. New Zealand Stores Fax to: 0800 355 556

**Transitions®**

