



'LOVE THEM OR EXCHANGE THEM' GUARANTEE

Claim and Return Form

Ensure this form is returned to Caledonian Optical with the Transitions® Lenses.

Optician Details:

Practice Name: Invoice No.
Account No.
Practice Address: Order No.
.....
..... Reference:
Telephone:

Patient Details:

Patient Reference:
Date of Order: Design:

Lens Details:

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☐ 1.5 ☐ 1.53 ☐ 1.59
☐ 1.6 ☐ 1.67 ☐ 1.74

Lens Type

☐ Single Vision ☐ Progressive ☐ Bifocal

Coating:

Tint/Transitions:

Prescription

	Sph	Cyl	Axis	Add	Prism	PDs	Heights
Right Lens							
Left Lens							

Reason for Return:

☐ Lens too dark ☐ Not dark enough ☐ Not fading quickly enough
☐ Not darkening quickly enough ☐ Unsatisfactory colour

Other (state reason):

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If you have already placed your clear lens order please quote the order number: _____

A credit will be issued on the provision of this order number.

Please Note:

Please enclose the *Transitions®* lenses and complete this form quoting your original order number. Claims must be made and received within 30 days of your original order. Equivalent replacement clear lenses will be ordered automatically on receipt of this claim form. Please see reverse for terms and conditions.

Optician Signature: _____

Date: _____

Please complete this section and return to **Caledonian Optical** for this order placed as part of this promotion.

Please specify "*Transitions®* lenses return – Caledonian Optical *Transitions®* Love them or Exchange Them guarantee" on the envelope.

Failure to use the correct form will result in processing delays or return of goods to the customer.

Replacement Order Details:

Order Date: _____

New Order Number. _____

Reference Number. _____

Contact Person: _____

Conditions

1. This claim form must accompany the returned *Transitions®* lenses with a copy of your patient's proof of purchase.
2. If a patient is not completely satisfied with the *Transitions®* component of their eyewear, fill out this Claim and Return form and send to Caledonian Optical. Applies to *Transitions® GEN S™* lenses, *Transitions® XTRActive®* new generation lenses, *Transitions® XTRActive® Polarized™* lenses and *Transitions® XTRActive®* style mirrors lenses.
3. The patient must return their lenses to your practice within 30 days from collection of eyewear.
4. The patient needs to indicate the reason(s) for return and sign the form (below).
5. The eyecare professional must sign the form (below).
6. **Love Them or Exchange Them guarantee** is applicable to the *Transitions®* component only. It does NOT cover:
 - Sun lenses such as *Transitions® Drivewear®*
 - Progressive lenses non-adapts (this is covered by regular Lens Supplier non-adapt warranty)
 - Frames
 - Incorrect prescription or ordering
7. If your patient is not happy with their *Transitions®* lenses; exchange *Transitions® GEN S™* for clear lenses; exchange *Transitions XTRActive* new generation for clear lenses or *Transitions® GEN S™*; exchange *Transitions® XTRActive® Polarized* for clear lenses or *Transitions® GEN S™*; exchange *Transitions® XTRActive®* style mirrors for clear lenses or *Transitions® XTRActive®* new generation or *Transitions® GEN S™*. For all of the above, please ensure each exchange is through Caledonian Optical, in the same prescription, design, index, coating and frame.

