

# Claim and Return Form

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

## Conditions

- This claim form must accompany the returned Transitions product with a copy of your patient's proof of purchase.**
- If a patient is not completely satisfied with the Transitions component of their eyewear, fill out this Claim and Return form and send to the Laboratory, which the lenses were originally ordered from. Applies to Transitions® Signature® GEN 8™ lenses, Transitions® XTRActive® new generation lenses, Transitions® XTRActive® Polarized™ lenses and Transitions® XTRActive® style mirrors lenses.
- The patient must return their lenses to your practice within 30 days from collection of eyewear.
- The patient needs to indicate the reason(s) for return and sign the form (below).
- The eyecare professional must sign the form (below).
- 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
- If your patient is not happy with their Transitions lenses; exchange Transitions Signature GEN 8 for clear lenses; exchange Transitions XTRActive new generation for clear lenses or Transitions Signature GEN 8; exchange Transitions XTRActive Polarized for clear lenses or Transitions Signature GEN 8; exchange Transitions XTRActive style mirrors for clear lenses or Transitions XTRActive new generation or Transitions Signature GEN 8. For all of the above, please ensure each exchange is through the same Lens Supplier/Lab, in the same prescription, design, index, coating and frame.

Practice Name: .....Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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

Date of collection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Product: ☐ Transitions® Signature® ☐ Transitions® XTRActive® ☐ Transitions® XTRActive® Polarized™ ☐ Transitions® XTRActive® style mirrors

Reason for patient return of Transitions lenses:

☐ Level of darkness outdoors ☐ Activation speed ☐ Fade back speed ☐ Clarity indoors and at night ☐ Lens colour

☐ Other (please specify) .....

Eyecare Professional signature: ..... Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**Laboratory to complete**

Laboratory name: .....

Date replacement sent back to practice: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Transitions.com**

**Transitions®**  
Light  
Intelligent  
Lenses