Transitions® lenses *Love Them or Exchange Them guarantee - valid until 31 December 2021*

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 patient'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. Applies to Transitions® Signature® lenses in both iconic and style colours, Transitions® XTRActive® lenses, Transitions XTRActive style mirrors and Transitions® Vantage® lenses.
3. The patient must return their lenses to your practice within 30 days from collection of eyewear.
4. The patient needs to nominate reason for return and sign the form (below).
5. The eyecare professional must also sign the form.
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 Signature for clear lenses; exchange Transitions XTRActive for Transitions Signature or clear lenses; exchange Transitions XTRActive style mirrors for Transitions XTRActive iconic colours, Transitions Signature or clear lenses; exchange Transitions Vantage with Transitions Signature or clear lenses. For all of the above ensure each exchange is through the same Lens Supplier, 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® style mirrors ☐ Transitions® Vantage®

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) .....

Patient signature: ..... Date: ____ / ____ / ____

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