

optimum

RX Lens Specialists

The complete ophthalmic solution

optiFORM Guarantee Claim Form

optiFORM
DUAL - 2

optiFORM
SMART

optiFORM
ADVANCED - 2

optiFORM
OFFICE

optiFORM
FIRST

optiFORM
DRIVE

optiFORM
Exact Digital Surfacing - EDS

optiFORM
SPORT

optiFORM
MOBILE

optiFORM
Digital Invisible Bifocal - DIB

optiFORM Guarantee

1. The terms of the optiFORM Guarantee apply only to cases where optiFORM progressive lenses match the prescription and have been correctly glazed.
2. In order to claim a voucher you should send the lenses and a completed optiFORM Guarantee claim form to Optimum.
3. Only one optiFORM progressive voucher will be issued per patient. The voucher is valid for 90 days.
4. The optiFORM Guarantee covers all optiFORM lenses.
5. The optiFORM Guarantee is on a like for like basis. However, vouchers can be redeemed for any optiFORM product. If the value is higher then the difference will be charged accordingly.
6. Claims must be received within 90 days from the date of the original order.
7. In order for the claims to be processed the account must be operating within the agreed trading terms.
8. The optiFORM Guarantee scheme is in addition to your statutory rights.
9. Optimum reserve the right to refuse a voucher if they believe any of the conditions have not been adhered to.
10. Voucher does not cover prescribing or dispensing errors.

optiFORM Guarantee Claim Form

Please complete and return to: Customer Services Department,
Optimum RX Lens Specialists, 5 Newgate, White Lund, Morecambe, LA3 3PT.

ACCOUNT DETAILS

Account No. Account Name Order No.

PATIENT DETAILS

Patient Ref. Date of order / /

Lens Type: Dual - 2 Advanced - 2 First EDS
Mobile Smart Office Drive
Sport DIB

Material: 1.5 1.53 Trivex 1.56 1.59 Polycarbonate
1.6 1.67 1.74 Transitions
Superchromic Polarised

Coating: optiHARD optiMAR optiMAR UV optiCLEAR
optiBLUE optiFLASH UV

Prescription: R (sph) (cyl) (axis) (add)
L

REASON FOR RETURN

Difficulty with: Near Intermediate Distance
Problems with: Limited Field Distortion Low Visual Acuity
Prog Length Other (state)

Previously wore: Pal Bifocal Single Vision Nothing

DECLARATION

I agree to the terms and conditions of the optiFORM Guarantee as advertised and enclose the progressive lenses along with the original order.

Signed Date / /

Print Name