



v a n A L (S) T Y N E S
optical manufacturers

optimum
RX Lens Specialists
The complete ophthalmic solution

opti**FORM** Guarantee Claim Form

optiFORM****
DUAL - 2

optiFORM****
ADVANCED - 3

optiFORM****
FIRST

optiFORM****
Exact Digital Surfacing - EDS

optiFORM****
MOBILE

optiFORM****
OFFICE

optiFORM****
SMART - 2

optiFORM****
DRIVE *in motion*

optiFORM****
SPORT

optiFORM****
SPORTHIN

optiFORM****
Digital Invisible Bifocal - DIB

optiFORM****
Aesthete 1.74

optiFORM****
∞PERPETUAL

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 credit you should send the lenses and a completed optiFORM Guarantee claim form to Optimum.
3. Only one optiFORM progressive credit will be issued per patient. The credit 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, credits 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 credit if they believe any of the conditions have not been adhered to.
10. Credit 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 Ind. Estate, Morecambe, Lancashire 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 Office Smart Drive In Motion
Sport Sporthin DIB Aesthete 1.74

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

Coating: optiHARD optiMAR optiCLEAR optiMAR UV
optiBLUE optiGO In Motion optiFLASH UV

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