

# optiFORM Guarantee Claim Form

optiFORM  
DUAL - 2

optiFORM  
MOBILE

optiFORM  
SPORT

optiFORM  
ADVANCED - 2

optiFORM  
OFFICE

optiFORM  
SPORTHIN

optiFORM  
FIRST

optiFORM  
SMART

optiFORM  
Digital Invisible Bifocal - DIB

optiFORM  
Exact Digital Surfacing - EDS

optiFORM  
DRIVE *in motion*

optiFORM  
Aesthete<sup>®</sup> 1.74

# 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 Vanalstynes.
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. Vanalstynes 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,  
Vanalstynes Optical Manufacturers, Vision House, 223 Kincaig Road, Bispham, Blackpool FY2 0PJ.

## 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