

Our Guarantee...

We strive to provide the best service and are happy to work with you in adapting to your new eyewear and to give you the best possible vision. We guarantee accuracy on all lenses or they will be remade at no cost. If you experience any difficulty with our products, please let us know within **30 days of purchase** and we will make every effort to ensure your satisfaction. Eyewear and specialty contact lenses are made to your specifications and measurements, therefore they cannot be returned.

Warranties (All warranties are included with your purchase at no additional cost)

- All lenses purchased with an anti-reflective or scratch coating have a 1 year scratch warranty. Lenses are warranted to resist scratching under **normal cleaning and wearing conditions** for up to twelve months from the **original purchase date**.

**Lens warranty remakes have no charge for materials. However, there is a \$15.00 fee to cut and mount the new lenses for your frame.

- Most frames in our office have a 1 year manufacturer's warranty. This warranty covers manufacturer's defects only. Frames must be returned to the manufacturer so there cannot be any alteration to the material. Please do not superglue, duct tape, or make any other attempt to repair the damaged material. This will void the manufacturer's warranty.
- Contact lenses must be returned within **90 days of purchase**. Boxes must be unopened, undamaged, and in perfect condition, and will be returned for office credit only.

Warranties DO NOT COVER:

- Lost or stolen glasses
- Abuse, misuse, or improper handling of materials
- Any accidental damages

***Budget package purchases and clearance or discontinued items do not qualify for warranties.*

***We are not responsible for items not picked up within 90 days of ordering. Abandoned materials will be donated to a non-profit agency. Any remaining balance will remain on your account and will follow normal collection proceedings.*

***Materials purchased with insurance benefits are subject to the same office policy* **

PATIENT SIGNATURE: _____ DATE: _____