



WEST VIRGINIA BOARD OF OPTOMETRY

179 Summers Street, Suite 231 • Charleston, WV 25301 • Phone: 304-558-5901 • Fax: 304-558-5908 • Website: optometry.wv.gov

Optometry Laser Adverse Reaction Report

Per W. Va. Code St. R. §14-11-2.2 "Adverse Reaction" shall be defined as any reaction that causes injury to a patient as the result of the medical intervention by injection. Adverse outcomes must be reported to the WVBO within 10 days per W. Va. Code §30-8B-6(f).

Please type or print clearly.

PATIENT'S NAME: _____
(Last) (First) (Middle) (Suffix)

PATIENT'S DATE OF BIRTH: _____ DATE OF TREATMENT: _____

ADMINISTERING OPTOMETRIST NAME: _____
(Last) (First) (Middle) (Suffix)

WV OPTOMETRY LICENSE NUMBER: _____

PRACTICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

PRACTICE PHONE NUMBER: _____ EMAIL: _____

DIAGNOSIS: _____

LASER PROCEDURE PERFORMED: _____

EXPECTED RESULT OF LASER PROCEDURE: _____

ADVERSE REACTION: _____

REMEDIAL STEPS TAKEN (OTHER TREATMENTS, REFERRAL, ETC): _____

PATIENT'S SIGNATURE: _____

OPTOMETRIST'S SIGNATURE: _____

A copy of this report should be provided to the Patient.

Please email a copy of this report to the West Virginia Board of Optometry at INFO@WVBO.ORG within ten (10) days of occurrence (per W. Va. Code §30-8B-6(f)).