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 Injection 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 five (5) days.

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: _____

_____

INJECTION PERFORMED WITH PHARMACEUTICAL AGENT: _____

_____

EXPECTED RESULT OF INJECTION: _____

_____

ADVERSE REACTION: _____

_____

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

_____

PATIENT'S SIGNATURE: _____

OPTOMETRIST'S SIGNATURE: _____

A copy of this report should be sent to the Patient's Primary Care Provider and the Patient of record. If the patient refuses to give permission for the report to be sent to the primary care provider, the patient's copy of this report can be provided to any primary care provider the patient chooses to see from this point forward.

*****Please email a copy of this report to the West Virginia Board of Optometry at INFO@WVBO.ORG within five (5) days of occurrence (W. Va. St. R. §14-11-8.8).*****