

**OHIO STATE BOARD OF OPTOMETRY**  
**77 S. High St., 16<sup>th</sup> Floor**  
**Columbus, OH 43215-6108**

**DRUG-INDUCED SIDE EFFECTS REPORT**

Every optometrist, in accordance to Rule 4725-5-14, shall complete this report form and return it to the Optometry Board office within ten (10) days of the receipt of the form by the reporting optometrist. Neither the report, or any added information provided by the optometrist, will include the name or other specific identifying information on the patient. This report is to include detailed information on the reaction, action taken by the attending optometrist, and outcome of the incident in relation to patient's final condition.

**PLEASE TYPE OR LEGIBLY PRINT IN INK**

1. Name of Optometrist:	Telephone Number:
2. Optometry License Number:	Therapeutic Certificate Number:
3. Office Address (street/city/state/zip):	
4. Patient: DO <u>NOT</u> INCLUDE NAME	
Sex: Male or Female	Age:
5. Complete Description of Drug Reaction or Side Effect:	
6. Date of Drug Reaction Onset:	
Time Between Administration and Onset:	
' Physical	' Psychological
7. Suspect Drug(s) Trade/Generic Name:	
Lot Number:	Expiration Date:

8. Disorder or Reason for Use of Drugs: (Define Presenting Problem)

' Diagnostic                      ' Therapy

9. Method of Administration:

' Topical                      ' Oral

By whom:

' In office use

' Pharmacy dispensed

' Dispensed by optometrist and taken out of office

10. Other Drug(s) Taken Concomitantly:

11. Subsequent Action Taken: (Including Follow Up)

\_\_\_\_\_  
Signature of Optometrist

\_\_\_\_\_  
Date

**(Use below space for added comments or to complete captions)**