

ADVERSE REACTION TO OPHTHALMIC DRUGS REPORTING FORM

The optometrist shall report to the Board, on the form provided by the Board, within 10 working days of the occurrence any adverse reaction resulting from administration of any pharmaceutical agent or from the removal of a superficial foreign body from the eye. This information is not subject to public disclosure pursuant to the provisions of the Annotated Code of Maryland, State Government Section 10- 617 (h).

Optometrist's Name _____ License Number _____

Optometrist's Address _____

City _____ State _____ Zip Code _____

Date of Occurrence: _____

Initial Diagnosis/Presenting Problem: _____

Agents Administered and Method of Administration:

Adverse Reaction: (circle one)

Painful Eyes

Wheals

Fainting

Nausea

Vomiting

Wheezing

Pruritis (itching)

Chest Pain

Urticarial Lesions (hives)

Confusion

Cessation of Respiration

Skin Rash of Periorbital
tissue

Clinically significant
change in heart rate

Other: _____

Subsequent Action Taken: _____

(Attach additional sheets if needed)