

# Wisconsin Department of Safety and Professional Services

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## OPTOMETRY EXAMINING BOARD

### TPA ADVERSE REACTION REPORT

Any optometrist certified to use therapeutic pharmaceutical agents shall file with the Department, within 10 working days of its occurrence, a report on any adverse reaction resulting from the optometrist's administration of such agents (Wis. Admin. Code § SPS 10.02).

<b><u>OPTOMETRIST:</u></b>							
<b>Last Name</b>	<input type="text"/>	<b>First Name</b>	<input type="text"/>	<b>MI</b>	<input type="text"/>		
<b>Address:</b> (number, street, city, zip code) <input type="text"/>							
<b>Daytime Phone Number:</b>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<b>License Number:</b>	<input type="text"/>

<b><u>PATIENT EXPERIENCING ADVERSE REACTIONS:</u></b>									
<b>Last Name</b>	<input type="text"/>	<b>First Name</b>	<input type="text"/>	<b>MI</b>	<input type="text"/>				
<b>Address:</b> (number, street, city, zip code) <input type="text"/>									
<b>Age of Patient:</b>	<input type="text"/>								
<b>Presenting Problem:</b> (code)	<input type="text"/>								
<b>Diagnosis:</b> (code)	<input type="text"/>								
<b>Agent Administered:</b> (code)	<input type="text"/>								
<b>Method of Administration:</b> (code)	<input type="text"/>								
<b>Date of Administration:</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>				
<b>Patient's Reaction:</b>	<input type="text"/>								
<b>Date of Reaction Onset:</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>				
<b>Subsequent Action Taken:</b>	<input type="text"/>								
<b>Today's Date:</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>				