

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).

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

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