



## **INCIDENT REPORT FOR COSMETIC CONTACT LENSES**

In order to assist the college in tracking and recording the number and types of injuries associated with cosmetic contact lenses the college is requesting that, when injuries are reported to our members, the member complete an incident report as set out below. Injuries would include but are not limited to such things as:

- Corneal insult of any kind
- Inability to insert & remove

### **Patient Information:**

The patient's information should be recorded in your records however, due to privacy concerns please do not include patient's personal information on the report form. If the college requires further information later on, it will contact the submitting dispensary.

### **Please ensure that you have included the following information on the Incident Report:**

- Name of dispensary submitting the information.
- Problems encountered
- Where the product was purchased
- The date of the consumer's prescription or contact lens specifications
- The last visit to an eye care professional and its purpose

#### **Please fax, mail or email each completed form to:**

Saskatchewan College of Opticians, A4 116 103<sup>rd</sup> St. E., Saskatoon, SK S7N 1Y7.

Fax: 652-0784 Email: [office@scoptic.ca](mailto:office@scoptic.ca)



## INCIDENT REPORT FOR COSMETIC CONTACT LENSES

Dispensary Name \_\_\_\_\_

Licensed Member's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Date of Report \_\_\_\_\_

Products Purchased From \_\_\_\_\_

Nature of Problem

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**I understand that this information may be used in a report regarding the safety of Cosmetic Contact Lenses and that my name will not be released.**

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

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