



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 FORWARD COMPLETED FORMS & SUPPORTING DOCUMENTS TO:

SASKATCHEWAN COLLEGE OF OPTICIANS, #13—350RD ST E., SASKATOON, SK S7N 1Z1

PHONE: 306-652-0769 FAX: 306-652-0784 EMAIL: OFFICE@SCOPTIC.CA



DISPENSARY INFORMATION

DISPENSARY NAME: _____ ADDRESS: _____
 CITY: _____ PROVINCE: _____ POSTAL CODE: _____
 PHONE: _____ FAX: _____

REGISTRANT INFORMATION

SURNAME: _____ FIRST NAME: _____
 EMAIL: _____

COSMETIC CONTACT LENSES REPORT

DATE OF REPORT: _____
 PRODUCTS PURCHASED FROM: _____
 NATURE OF PROBLEM:

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

PATIENT SIGNATURE: _____ DATE: _____

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