



INCIDENT REPORT-INTERNET DISPENSED OPTICAL PRODUCTS

Dispensary Name _____
 Dispenser's Name _____
 Street _____
 City _____ Prov. _____ Postal code _____
 Phone _____ Fax _____
 Email _____

Please fill out an incident form for all clients who attend your practice and who suffer from issues related to problems with optical products purchased on the internet. This includes but is not limited to such items as: for contact lenses - corneal insult of any kind, inability to insert & remove, and for eyeglasses – substandard product, poorly produced lenses, incorrect powers, PDs and anything that does not meet the standard of dispensing established by Canadian regulatory bodies

Patient Information: You need to have this available for your records but due to privacy legislation please submit only the lower portion of this report form.

Last Name _____ First Name _____

Street Address _____ City _____

Phone # _____ Date of Birth _____ Sex M/F

.....
 Date of Report _____

Nature of Problem

Products Purchased From: _____

I understand that this information may be used in a study being done on the safety of the Internet Sale of optical products and that my name will be excluded from any reports evolving from the study.

Client's Signature _____

Please Fax or Mail Each Completed Form To:
 The College of Opticians of British Columbia
 Suite 403 - 1505 West 2nd Avenue
 Vancouver, BC V6H 3Y4
 Fax: (604) 278 - 7594