

Report of Injury Or Harm Occurring
As A Result Of Dispensing of Contact Lenses By Unauthorized Source

(Patient Form)

This form is to be used to report injury or harm resulting from the purchase and use of contact lenses from unauthorized sources. Authorized sources of contact lenses are medical professionals known as ophthalmologists or optometrists, or licensed opticians who dispense on a proper prescription issued by an ophthalmologist or optometrist. If you or a member of your family or a friend have purchased contact lenses from another source and have sustained an injury or otherwise have been harmed by wearing these contact lenses, please provide us with the following information, and have this form notarized (almost all banks have notary publics).

Name of person filing this report: _____

Name of person sustaining injury or harm: _____

Relationship of person filing report to person sustaining injury (i.e., same, parent, guardian, friend, etc.): _____

Injured person's mailing address: _____

Injured person's phone number: _____

Injured person's e-mail address: _____

Injured person's (or representative's) preferred method of contact (phone/mail/e-mail) and time for contact by telephone: _____

Name and address of business from which contact lenses were purchased:

Type of business: (beauty shop, retail shop, etc.): _____

Date purchased: _____

Quantity purchased: _____

If you still have lenses in your possession, would you be willing to let the Board examine the box, individual lens containers, and lenses? Yes _____ No _____ Don't have lenses _____

By checking the following blank "Yes", you authorize your optometrist to provide copies of your patient records regarding this particular matter to the North Carolina Optometry Board for its use in investigating this matter. Yes _____ No _____

Please describe in detail how the injured person purchased the contact lenses (in person, by mail, over the internet), and describe any representations, whether written or oral, the person or company who sold the lenses made concerning how the lenses should be inserted or removed, care instructions for the lenses, any warnings given, and similar information. If you have any written information (e.g., advertisements, direct mailings, web site screen shots) that induced you to purchase the lenses, please provide that information.

Please describe in detail the harm or injury sustained by the wearer as a result of his or her use of the contact lenses.

Please provide information regarding costs or expenses incurred by the injured person as a result of the use of the contact lenses at issue, including the cost of the lenses themselves, doctor's bills, medicine, tests, lost wages, and other associated expenses.

Signature

Printed Name

Sworn to and subscribed before me,
this the ____ day of _____, 20__.

Notary Public

My Commission Expires: _____

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(Doctor's Form)

With regard to the patient or other person identified above (“patient”) who has purchased and/or used contact lenses from a suspected unauthorized source, please provide the following information:

A general description of the results of your examination of the patient, including any significant findings, diagnosis, treatment, treatment plan, and extent and permanency of any injury or damage noted. Attach a separate sheet if needed, and provide your chart and notes if the patient so authorizes you.

A detailed statement of all fees, charges, or expenses incurred by the patient as a result of the suspected unauthorized dispensing of contact lenses. Attach a separate sheet if needed.

Signature

Printed Name

NC License Number