



**COMPLICATION(S) DUE TO CONTACT LENSES  
DISPENSED WITHOUT A VALID PRESCRIPTION  
REPORTING FORM**

Tel: (314) 785-6000 • Fax: (866) 886-6164 • E-mail: [arbo@arbo.org](mailto:arbo@arbo.org)

Reference Letters and/or Numbers for Your Personal Use Only:

*(which does not identify the individual patient)*

- |                           |                           |
|---------------------------|---------------------------|
| Burning                   | Dry Eye                   |
| Conjunctivitis            | Foreign Body Sensation    |
| Corneal Distortion        | GPC                       |
| Corneal Edema             | Itching                   |
| Corneal Epithelial Defect | Keratitis                 |
| Corneal Infiltrate        | Neovascularization/Pannus |
| Corneal Opacity           | Ocular Inflammation       |
| Corneal Ulcer             | Pain                      |
| Discharge                 | Stinging                  |
| Other                     |                           |

**Treatment Plan:**

- Lubricants
- Antibacterial Topical/Oral
- Antibacterial/Anti-Inflammatory  
Topical/Oral
- Surgical Intervention
- Other

**Outcome:**

- Return to Pre-Incident Status
- Long Term but Not Permanent Vision Loss
- Permanent Vision Loss
- Penetrating Keratoplasty
- Other

**Financial Impact to Patient/Health Care Resources Utilized**

- Medical Costs (Out of Pocket) \$
- Medical Costs (Third Party Payer) \$
- Sick Days Lost \$
- Loss of Income due to Office Visit, \$
- Total or Partial Disability, etc.

Date:

Doctor:

Phone:

*To submit, click the Submit button below or print the form and send or fax it to:*

*Arbo*

*1750 S. Brentwood Blvd., Suite 503*

*St. Louis, MO 63144*

*Fax (866) 886-6164.*