colorescience®

Adverse Event Report Form

Please complete the following form and return to your sales representative for patient reaction:

Patient Information

- 1. Name **OR** initials of the patient/user experiencing AE:
- 2. Age Range:
- 3. Gender:
- 4. Was medical attention or treatment sought? If yes, explain:
- 5. Additional Information (ie. topicals used in conjunction with Colorescience):

Adverse Reaction

- 1. Description of Adverse event (what was the reaction?):
- 2. Product name:
- 3. Product lot number (located at the bottom of the product and box):

to

- 4. Expiration date (located on bottom of product and box):
- 5. Product start and stop dates:
- 6. Has the reaction been resolved?
 - Yes How long did the reaction last before being resolved?
 - No Please explain:

Practice Information

- 1. Location Name:
- 2. Staff Member Name:
- 3. Email:
- 4. Phone #:
- 5. Date of patient report: