



Massachusetts Society of Optometrists
1071 Worcester Road; Suite 12
Framingham, MA 01701

(508) 875-7900
FAX (508) 875-0010
www.massoptom.org

Misuse of DEA Number Complaint Form

Doctor's Name _____

City, State, _____

Contact Phone Number: _____

Source of Complaint: _____

Prescription Denied by:

_____ Pharmacy _____ Carrier _____ Employer

Retail Pharmacy: _____

Mail Order/Internet Pharmacy: _____

Insurance Company: _____

Location of Entity (State) _____

Name of Employer through Which Benefits Originate: _____

Comments: _____

Please fax this form to David Danielson (AOA) at (703) 739-9497 and to the MSO at 508-875-0010