

STATE OF NEVADA

JOE LOMBARDO
Governor



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAEERER
Deputy Directors

ADAM SCHNEIDER
Executive Director

**DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF OPTOMETRY**

Meeting Materials

for May 19, 2025

Board Meeting

Materials for Item No. 4 re

- Minutes – Board Meeting 3-18-25

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MINUTES OF
PUBLIC MEETING
March 18, 2025

1. **Call to Order.** Mariah Smith, O.D. opened the live meeting at 12:01p.m.
2. **Roll Call.** At Dr. Smith's request, Director Schneider read the Zoom log-in information into the record for AB 219 compliance as Meeting ID 871 5615 6510, Passcode 355181, telephone 1 669 900 6833. Deputy Attorney General (DAG) Todd Weiss, Esq., Board members Sally Balecha, Mariah Smith, O.D., Jeffrey Austin, O.D., and Julie Alamo-Leon, O.D., and executive director Adam Schneider, Esq. were present via Zoom. Quorum was established.
3. **Public Comment.** Dr. Smith invited public comment. No public comment received.
4. **Action Item. Consideration and approval of February 18, 2025 Board Meeting Minutes.** Dr. Smith confirmed all present Board members had an opportunity to review the draft. Dr. Smith moved to accept as proposed. Dr. Austin seconded. Motion passed unanimously.
5. **Action Item. Consideration and approval of February 24, 2025 Board Meeting Minutes.** Dr. Smith confirmed all present Board members had an opportunity to review the draft. Dr. Smith moved to accept as proposed. Public Member Balecha seconded. Motion passed unanimously.
6. **Action Item. February 24, 2025 Board meeting statutory stipend, proposed waiver of same.** Director Schneider stated NRS 636.175(5) allows for \$150 to each board member per meeting. In good faith to the membership and in light of the meeting's length, Director Schneider asked if the Board was willing to waive the \$150 for that meeting. President Smith moved to waive payment to all Board members for that meeting. Dr. Alamo seconded. Motion passed unanimously.
7. **Executive Director report re BDR 54-221.** Director Schneider reminded the Board that BDR 54-221 was the proposed all-boards license by endorsement process. Director Schneider communicated with the bill's sponsor Senator Stone and he confirmed that if a board has its own license by endorsement process, the board's statute controls and not BDR 54-221. At Dr. Austin's request, Director Schneider stated he would inquire into Senator Stone if the bill would be clarified. This would avoid an applicant's usage of the bill to circumvent the Board's existing

but conflicting law.

8. Executive Director report re SB 78. Director Schneider stated he and the Board's legislative services consultant met with B&I Director Sanchez and Deputy Director Haag via Teams on March 4, 2025 to discuss the Board's formal objections to SB 78.

B&I's position is the Governor wants more oversight of boards, and less boards overall. They believe that a U.S. Supreme Court case *Dental Examiners of North Carolina v. Federal Trade Commission* from 2015 stands for the proposition that licensees as the majority of decision-makers on a board cannot regulate the same licensees due to anti-trust violations. Boards for decades have been self-run without oversight or supervision, and that needs to change. They emphasized that no board of our size will be left alone, and there is not enough difference between Optometry and Dispensing Opticians for these boards not to be consolidated under SB 78.

The proposed composition of the proposed Optometry-Optician Board will consist of 3 ODs, 2 opticians, 1 public member, and 1 public member representing the under-insured, which is an even number of votes. He was complimentary of our Board over the past couple years, and considers us in the top tier of compliant boards, but that is irrelevant for SB 78 purposes. Their closing salvo was agree to disagree, and that the process will bear out what it bears out.

Director Schneider stated he will continue to place this item on future agendas until an outcome occurs.

9. Executive Director report re BDR 151/AB 183. Director Schneider stated he flew to Carson City on March 3, 2025 and that he and Dr. Smith met with the Board's legislative services consultant, and Dr. Koenig. Dr. Koenig presented the bill to the Assembly that: 1) despite the same provision existing in the MD and DO chapters, section 4 is being withdrawn that a court cannot stay the Board's suspension of a licensee's license; and 2) section 5 regarding narcotic opioid analgesics is in the process of being amended. Dr. Smith summarized the sections of AB 183. Regarding Section 8, Assemblymember Miller asked a question about international optometrists' eligibility for license by endorsement, which there is none. Regarding Section 3, Assemblymember Cole asked about how quickly a hearing can be conducted to assess the Board's emergency temporary suspension of a licensee's license. Director Schneider stated he has provided all supportive laws to the Board's legislative consultant to advise Assemblymember Cole and Dr. Koenig about the issue.

10. Executive Director report re licensing transactions since start of FY2025. Director Schneider listed the following numbers as stated in the Agenda:

2/12/2025 - 3/12/2025	FY2025 cumulative
New licenses: 0	10
Licenses by endorsement: 0	7
Glaucoma: 0	6
OPAC: 0	16
Fictitious Name: 5	28
Location changes: 5	54
Additional locations: 1	37
LOGS: 3	44
PRR: 0	29

Refunds: 1	7
Mobile: 0	1
Substitute location: 1	7
Public complaints: 3	11
2026-2028 CE review: 2	6

11. Executive Director report re NBEO scores and release of results process. Director Schneider stated he attended an after-hours March 5, 2025 Zoom meeting presented by NBEO and ARBO to discuss the explanation of how test scores were released prematurely, where 10% of the students actually had failing scores when initially told they had passing scores. Approximately 40 persons attended. The premature release was identified within 2 hours, and NBEO discussed all the measures they took and are taking to ensure it never happens again. NBEO and ARBO plan to keep the executive directors apprised.

12. Board member proposed items for future Board meetings. Director Schneider asked the Board if anyone would like to agendize any topic for the next meeting. No topics provided other than Dr. Smith stating to continue to monitor the above discussed bills.

13. Public Comment. Director Schneider invited public comment. No public comment received.

Colloquy regarding April 21, 2025 meeting and Board member availability versus a longer meeting on May 19, 2025. Director Schneider anticipated placing three complaints on the next agenda. DAG Weiss advised best practices is for the Board to decide in an open meeting forum, and advised he was likewise unavailable on April 21, 2025. Board decided to vacate its April 21, 2025 meeting knowing that the May 19, 2025 meeting may be upwards of an hour or longer.

14. Action Item. Dr. Smith moved to adjourn the regular meeting. Dr. Alamo seconded. Motion passed unanimously. Meeting adjourned at 12:22p.m.

7 persons attended virtually, inclusive of Board members, Deputy Attorney General and Executive Director. No roll call conducted or sign-in sheets provided.

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FY 2024-2025 Regular meeting schedule

Tuesday 3/18/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Monday 5/19/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Monday 6/16/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Thursday 7/31/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

These minutes were considered and approved by majority vote of the Nevada State Board of Optometry at its meeting on May 19, 2025.

Adam Schneider, Executive Director

Materials for Item No. 5 re

Complaint 25-09

- Public complaint redacted
- Inquiry letter redacted
- Licensee response redacted
- Staff notes redacted
- Patient 1 records redacted
- Patient 2 records redacted

February 16, 2025

Nevada State Board of Optometry
P.O. Box 1824
Carson City, Nevada 89702

Complaint Background:

On February 15, 2025, my wife and I attended two appointments at [Licensee practice] located at [Licensee practice address].

The purpose of our visit to that business which we have used before, was to obtain an eye examination and prescription for new eyeglasses. Specifically, [Wife] had developed headaches and eye strain as a result of her previous prescription. [Husband] was attending to obtain a new pair of spectacles, but he had no specific eye related complaints for the visit.

We arrived at the specified time and, after signing a number of electronic waivers/authorizations, we were almost immediately ushered, individually, into the rear of the business. For [Husband] (the author of this letter), he was taken to an examination room where a technician did various non-invasive maneuvers on his eyes and asked several questions. That examination took about 2 to 3 minutes.

Then I [Husband] was ushered by the technician into another examination room where the optometrist immediately appeared and began a conversation. The conversation initiated with the question if I was having any eye-related problems which was answered in the negative. The optometrist then did the letter-chart-on-the-wall test, however, I was reading the chart thru an open mask - no interactive lenses were inserted to ascertain the focal strength of either eye. As well, the test was done with both eyes at the same time, not each eye individually. The optometrist did mention that one eye was weaker than the other, however I do not know how he made that determination. I told him of a distant past injury due to explosives, but the experience was not attributed or associated to the inequality.

After that test, nothing more was done, there was some small talk about our histories.

I was then escorted by the optometrist back to the front of the business and passed to a lady by the name of "Mac". Mac then assisted me in determining my new glasses frames, I had already chosen to use the same type as I previously had (I had brought my old glasses for reference). There was some discussion regarding lenses that I cannot remember other than my attempt to verify that the prescription was not changing (which went unanswered even though I asked several times and I was spurred to ask because "Mac" indicated that one side was a different "dioptric power" than the other) and the total cost to me after insurance (which didn't cover the entire visit or glasses) was \$240. I was interested in knowing that one of the lenses remained unchanged from my previous visit which was the reason for the lense discussion, but that question was never fully answered.

Right around that point, which took about 5 minutes from the time I was handed to "Mac" to my handing my credit card to "Mac" for processing my transaction for my glasses, my wife, [Wife], arrived from the rear. The optometrist did not accompany her to the front.

At that point, my transaction for glasses was over and I participated in a lively animated discussion regarding my wife's frames and which frames were to be chosen. I was drawn into this discussion by my wife. That discussion entailed some time and several trips to the frame displays. I noticed the prices on the frames that she was considering and noted that they were about \$200 more than the set

I had chosen. I mentioned at that point that her glasses were going to cost about \$440 to "Mac" and another lady who were, by that point, jointly helping my wife. A set of frames was finally chosen upon and then there was a delay as the other lady worked on the cost of the glasses. The delay lasted several minutes after which "Mac" mentioned something about my estimate on the cost. It was at that point that the other lady mentioned that the glasses were going to cost over \$800. My wife didn't show her shock as plainly as I did. I noted to "Mac" and her associate that yes, I had figured that the cost would be around \$440 as her frames were about \$200 more than mine. "Mac" and her associate then turned their i-pad upon which they were doing their figuring, to us to show us the breakdown in costs.

This is where the entire visit took a sharp turn from friendly to rather contentious as my wife and I began to examine the rather long list of charges leading to the over-\$800 figure (our cost).

As I recall, there were 6 or 7 items that ran the bill up over \$800 (our cost, \$1600 total). We started at the top and asked what the items were. There was the frame cost, which was set. But then there was the cost for the lenses which I believe represented the rest of the cost (the cost of the examination was a separate charge). We began to identify costs that were definitely "extras". As it turns out, the assistant helping my wife began asking her if she wanted extra items in her glasses without explaining to her in a manner which my wife could understand, to which my wife agreed. A prime example was something about a brown tinting-glass that changes contrast when exposed to sunlight, but there were others.

This is where things really began to get weird in the conversation when I explained to my wife what this option was, essentially, was something which would cause the glasses to become sun glasses when she went outside. My wife told me at that point that she doesn't wear her glasses outside. That statement led to a several minute exchange between myself and my wife discussing her vision in front of "Mac" and her associate who were, at that point, looking quite uncomfortable.

After some query, I had confirmed what I already knew about my wife - that her vision is great at a distance and up to about 2' away from her face. She drives and can read signs and other literature on the side of the roadway (actually better than myself when we got back on the road after the eye visit). But here we found the problem with the glasses estimate - that there was a hefty charge for dioptic glasses that were not bifocals. ?? We both questioned the need for a multi-optic lense if her vision past, about 2' distance, was perfect. We noted that to "Mac" and her associate and received blank stares in response - then "Mac" pointed to the I-pad and said it was in the prescription without even acknowledging what we were talking about. I'm 100% certain that "Mac" didn't understand the point of bi-focal lenses and their purpose and I'm 100% certain that "Mac" didn't understand our confusion. (There also was some discussion as it appeared to me that the [Licensee practice] was attempting to double-charge us for the lenses - this issue never was explained to us satisfactorily).

It was at that point that I requested to "Mac" that she have the optometrist come out to the front from the back so we could discuss the prescription and why he was attempting to correct perfect distance vision.

Instead of getting the doctor as requested, "Mac" instead had the office manager come out to speak with us. I cannot remember his name but only remember his penetrating stare, bad attitude in our discussion and all the tattoos on his arms and neck - all of which did not intimidate me in the least. The office manager launched into a more animated discussion surrounding the I-pad and presumed "prescription" by the "doctor" and why my wife's vision at a distance required correction (at this point,

the discussion had laser-focused to between this tattooed kid and myself). I flat out told him that, after discussing the situation with her eyes, we believed that the prescription was incorrect and faulty and that we needed to discuss the situation further with the "doctor" or "optometrist". The manager returned to the I-pad with his discussion (and I, at that moment realized we were not going to speak with the "doctor" again) and I began to feel angry.

I immediately realized what [Licensee practice] wasn't a location to obtain eye care - it was a high-pressure sales location for eye glasses and that their business model was to up-sell the visit and glasses sale as much as possible. I insisted on seeing the doctor and declared the prescription as faulty. I also noted, calmly, that I was beginning to feel angry that we were purposefully being kept from the doctor. It was later that we realized that keeping us from the doctor was an effective tool to keep up up-sold on a very expensive set of eyeglasses and that this was the intent.

The office manager declared my feelings of anger as inappropriate and noted that the prescription was a result of the responses that my wife gave the "doctor". I asked to see the doctor again and was explained that his schedule was too full for him to take 2 minutes to walk to the front and discuss his findings with his patients. However, we were offered to make another appointment to see him again, the next available Saturday appointment was in mid-April. I'll note that my wife has been having problems with headaches and eye strain for months now and that it took 2 months or thereabouts to get this appointment.

Now, [Licensee practice] wanted us to wait for another 1 ½ months so we could discuss the inappropriate, negligent and clearly wrong distance correction with the doctor, all the while my wife would continue with her headaches and pain.

I didn't feel that we were obligated to pay for a faulty eye examination and noted the same to the office manager. He said the visit would be billed to the insurance in spite of our opposition.

This was wrong to me on many levels given an obviously incorrect prescription but, in a pure fiscal sense, it was very wrong - and I'm sure the office manager realized that a follow-up examination would not be covered by our insurance, an issue which he was not concerned with as his intent was again, to up-sell the encounter and force us to pay for another visit. I realized this at that point, and he realized it as well and noted that if we paid for this examination, the follow up visit would be at no charge. My wife and I accepted his terms and paid our co-pay and consented to his charging the insurance for the examination.

At this point, all we wanted to do was leave the premises. We did not order glasses for my wife - 'why buy faulty glasses?' was our reasoning. On the way out, I turned to the office manager and said to him that I was going to make a complaint and asked him if he would like to give the doctor a last opportunity to come speak with us. We were told he was busy and would not see us further that day. It should be noted that my wife and I spent a total of, perhaps, 5 minutes each with the "doctor" and paid a large amount of money through our insurance for that opportunity. Extending the session by 2 or 3 minutes didn't strike me as an excessive request of someone who should be a professional and act accordingly. This clearly was not the case that day as we left without being given the opportunity to express our concern with the findings of the "doctor".

Our complaints are 3-fold:

Complaint 1

It became painfully apparent during the ordering process of the glasses that the optometrist was attempting to correct [Wife]'s distance (both moderate and far) vision with eye glasses. As her distance vision is obviously correct and clear, the optometrist did not execute the duty of care in examining [Wife]'s eyes nor her actual vision during the 5 minute (or less) examination he conducted. Separately, [Wife] will attach her statement of the events of her examination with the optometrist.

We assert that the medical findings were incorrect as a result of negligent examination behavior of the optometrist in that he failed to:

1. Perform even a rudimentary examination wherein he would have determined that [Wife] did not have a distant vision problem and,
2. Failed to properly interrogate, through conversation, [Wife] to determine that her distant vision did not require correction. His first and only pertinent question to her current condition was if she had any problems with her current vision (same question that he asked [Husband]) to which she responded regarding her close-in vision with computer screens and reading literature. No questioning surrounding medium to distant vision was employed.

We also wish to make an ethics complaint regarding the optometrist in that he either knew or should have known through his association with [Licensee practice] that there was a problem with his professional behavior and failed, either through neglect or willfully avoidance to follow through with his examination when it became evident (within, literally, minutes of time following the initial examination) that there was a significant problem with his diagnosis that could lead to further degradation or damage to [Wife]'s eyes through improper correction. In fact, we wonder now if her previous prescription was not correct and if her eyes have been damaged by an improper prescription worn in the two year interim between this and our last visit.

We recognize that the business of the optometrist may be a separately licensed operation from that of [Licensee practice], however, we also recognize that, if that is the case, both businesses are intimately associated with one another and that the optometrist should not be allowed the excuse that his business is separate from the actions of employees of [Licensee practice], thus allowing him excuse for dismissal from the complaint.

In that event, this is an issue between the optometrist and [Licensee practice], but he must be held accountable for the actions of employees of [Licensee practice] as we, as the patients, are not able to discern or act otherwise. A request of the patient to an employee of [Licensee practice] is the same as a request to an employee of the optometrist and the neglect of the optometrist coming as a result of his not being made aware of a potential problem due to the negligence of the [Licensee practice] is the same as his direct refusal if we had told his direct employee. It should be noted that payment for the examination was made to the [Licensee practice], not the Optometrist, which causes us to believe he is employed by the Center itself.

This doctor is prescribing eye glasses and affecting the vision of patients based upon an incomplete, partial verbal interview and a precursory non-invasive physical examination by others and is not maintaining the standard of care or industry as we have seen it with other medical providers.

Complaint 2

The business relationship between [Licensee practice] and the Optometrist has created a business environment such that the Optometrist is not allowed sufficient time and investment into each patient case as to complete his duty as an Optometrist thoroughly and completely. It became painfully clear in our visit that the time of the Optometrist is being monitored and strictly restricted by the [Licensee practice] such that when a problem arises as a result of his/her professional duty or actions, the problem is resolved through intimidation of the patient by the Center itself, rather than a revisit of the professional to his work. This is clearly a business and professional ethical violation of patient trust and, we would expect, oaths taken by professional and the Optometry Board.

We have no knowledge if [Licensee practice] is licensed by the Optometry Board. If that business is licensed, we complain that its business model clearly is in conflict with maintaining patient health.

Complaint 3

The [Licensee practice] is a business focused on providing vision care and eyeglasses to patients. To our knowledge, the [Licensee practice] does not employ or host any Ophthalmologist at their West [Licensee practice address] site. That being understood and the case, we note and complain of the following:

Patients, upon arrival to the center, are immediately offered to have photographs taken of their eye retinas. At the time of our visit, there was a sign at the front desk showing a retina and offering the service. I rejected the offer (which is offered at a cost of \$40) and told the receptionist that I would get the photographs if the Optometrist found any problems with my eye (he didn't- actually, he didn't even investigate the retinas of my eyes). This service was offered even before check-in and its associated paperwork - almost like there might be a photographer running a separate business in a separate room to which the patients are being sent. This service was clearly an up-sell to the optometry operation at the center as there is no related link between the photographic service and anyone who might be licensed by your Board and employed at the center qualified (in our opinion, at least) to identify retinal problems, which would be the responsibility of an ophthalmologist.

However, the mere offering of the service would lead the patient to believe that problems do not exist in their retinas and the misguided thought that purchasing the service would be adequate and sufficient so as to not be concerned about their eye health from an ophthalmological perspective. This very well could lead the patient to ignore early symptoms of serious retinal defects that could lead to permanent eye defects, eye mis-function or blindness.

To the best of our knowledge, the [Licensee practice] has no licensed qualified personnel at the [Licensee practice address] site capable or licensed to evaluate retinal photographs or even legally view the eye retina itself, making the offering of the photograph service ethically wrong and potentially harmful to patients. The [Licensee practice] should stay focused upon proper eye vision examinations and eyeglasses rather than trying to garner a profit from gimmicks like photos of the interior workings of the eye.

Additionally, it should be noted that during the standard examination at the [Licensee practice], the pupil of the eye is not dilated, which would allow for an interior examination of the eye.

These 3 complaints are initial. We have, on our way home, stopped by the office of another ophthalmologist and made an appointment in one week to have [Wife's] eyes examined again. We will obtain a report of that examination, for which we will have to pay the entire fee, and submit the same

to the Board for attachment to this complaint letter.

The receipts for services of which we are complaining are attached. A copy of the doctors calling card is attached as well as a post-it note purportedly showing the changes in [Wife's] eyeglass prescription over the past 2 years.

I am a professional engineer. In 30 years of practice, I have learned to be sensitive to the opinions of my clients and take pride in the fact that when any of my clients have problems on jobs to which I am associated, I immediately turn my full attention to that clients problem and its solution, even if the problem is not associated with my work. Clearly, this is not the case with the Optometrist involved here and the [Licensee practice], which is very sad and we hope is not a poor indictment of the optometry industry. I can tell you that the Engineering Board would never tolerate this sort of behavior.

This problem could have been solved very quickly with a proper re-examination after a discussion with us of the optometrists mistake, but has evolved to a complaint - all in the face of profit and economics taking precedent over patient health. We are amazed and shocked that the optometrist can charge us the equivalent of \$2400 per hour for his services, but refuses to spend a few moments discussing the problem with us in order to remedy the problem he has created with his negligence.

[Husband]	[Phone number]
[Wife]	[Phone number]

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DEPARTMENT OF BUSINESS AND INDUSTRY
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NEVADA STATE BOARD OF OPTOMETRY

March 7, 2025

[Licensee], O.D.
[Licensee address]
[City], NV
[Licensee email address]
via email only

Re: NSBO Complaint# 25-9
Patient: [Husband and wife]

Dear Dr. [Licensee]-

Enclosed herewith, this office received in the mail information and a complaint alleging your care and treatment of the above-referenced patients may have been unprofessional as defined in Nevada Revised Statute (NRS) 636.295 and Nevada Administrative Code (NAC) 636.230.

Pursuant to NRS 636.305(3), in order to determine whether or not there has been a violation of NRS/NAC 636, please provide a written response to each allegation contained in the accompanying letters, as well as a full and complete copy of your healthcare records, billing, invoices, and communications to and from the aforesaid patients. Please include any further information you believe would be useful for the Board to make a determination in this matter.

Your reply to director@nvoptometry.org is due on or by the close of business **March 28, 2025**. Should the records be voluminous, usage of Dropbox or ShareFile or the like is encouraged.

Please return the healthcare records and billing with the signed Custodian of Records Declaration, enclosed herewith. If you are not the custodian of records, please indicate where the healthcare records can be obtained.

The Nevada State Board of Optometry investigates all information received concerning possible violations of NRS/NAC 636. This letter is not to be construed as a determination as to whether or not there has been a violation of such laws until a thorough investigation is completed. This correspondence is sent pursuant to NRS 636.305(2) and NRS 636.310(3), and the accompanying subpoena is sent pursuant to NRS 636.141 and NRS 629.061(1)(g). As a licensee subject to an investigation, you are required by law to timely provide the requested information.

Please be advised that if any particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the law, specifically including but not limited to NRS 636.295(6) (making false or misleading representations, by or on behalf of the licensee, with respect to optometric materials or services), NRS 636.295(8) (unethical or unprofessional conduct in the practice of optometry), NRS 636.364 (supervision of assistants).

Respectfully,

/s/ Adam Schneider
Adam Schneider, Esq.
Executive Director

Enclosures as listed

March 17,2025

Nevada State Board of Optometry
Attn: Executive Director
PO Box 1824
Carson City, Nevada 8970

[Licensee name]
Licensee address]

RE: NSBO Complaint# 25-9

Dear Nevada State Board of Optometry/Adam Schneider, Esq:

I am in receipt of your email on Friday, March 7, 2025 outlining a complaint against me (NSBO # 25-9), and an order to produce all pertinent documentation , health care records and responses pertaining to the complaint. Please see the following response and attached correspondence as compliance with those requests.

Attachments:

My exam records for **[Patient 2/wife]** from 2/15/2025 and 9/10/2019

Exam records with **[OD 2]** for **[Patient 2/wife]**, on 10/11/2022

My exam records for **[Patient 1/husband]** from 2/15/2025

Exam records for **[Patient 1/husband]**, with **[OD 2]** on 10/11/2022

Financial records for their eye exams on 2/15/2025

Notes from the optical team at **[Licensee business]** and from my pre-tester

Opening Statement:

This is the first complaint I have had in 36 years of practice. I treat every patient the way I would want to be treated, rendering the best possible care utilizing state of the art instrumentation and technology.

I take this complaint incredibly seriously, as it accuses me of failing to execute my duty of care, negligence in my examination and violations of ethics. I have taken **[Patient 1/husband]'s** complaints to heart and have considered my practices and feel I gave both **[Patient 1/husband and Patient 2/wife]** a quality refractive examination.

Even though it is apparent that the main item of contention with **[Patient 1/husband]** concerned the interaction with the optical operation and the associated quoted costs of the glasses, I realize that there are issues within the complaint that I must address. Accordingly, and to respect the Board's time and resources, I am doing so as accurately and concisely as possible.

Addressing of Complaints:

I am addressing all complaints put forth by the **[Patient 1/husband and Patient 2/wife]** in this section, taking into account both the general portion of the letter and the specific 3 complaints listed.

On page one of the complaint **[Patient 1/husband]** stated that both he and his wife came in for eye examinations specifically related to possibly obtaining a new pair of spectacles for **[Patient 1/husband]** and to address eye strain and headaches for **[Patient 2/wife]** which "resulted from her previous glasses". They both declined the recommended imaging unless I found any problems with their eyes. I found absolutely no non-refractive issues with their eyes, so a refractive examination was done on both patients. The new prescription addressed their complaints.

[Patient 1/husband]'s statement that the examination took 2-3 minutes is inaccurate. I book 20 minutes per patient, 3 patients per hour. We typically leave a few open slots for emergencies and walk ins, if necessary. Plus patients spend time in the pre-test area prior to seeing me. Refractive exams do take less time than complete dilated exams, in general.

[Patient 1/husband]'s complaint that he was reading the chart through a mask with both eyes open is erroneous and refers to the use of an automated Nidek phoropter, with lenses silently and almost imperceptibly introduced to refine the prescription. The patient is often asked to keep both eyes open even when one is fogged or occluded.

Page 2 and part of page 3 of **[Patient 1/husband]'s** complaint were about his treatment in the optical department of **[Licensee business]**. He states that he felt angry about the bill and for not being listened to. It further angered him that the opticians did not get him an immediate appointment with me.

The first time I became aware of **[Patient 1/husband]'s** dissatisfaction was after both he and his wife had left the office. The optical manager notified me that **[Patient 1/husband]** had become angry and abusive, stating he would be taking **[Patient 2/wife]'s** prescription elsewhere while accusing me of prescribing a distance prescription where none was needed. I

was quite surprised to hear this, because both of the patient encounters seemed pleasant and agreeable to me.

On page 4 **[Patient 1/husband]** stated that **[Patient 2/wife]** had "correct and clear" distance vision and had no need for a distance correction. I believe I did my best to educate **[Patient 2/wife]** that the increased plus power I found during the refraction for the distance portion of the glasses was necessary to take the strain off her vision at far, with the additional near power prescribed to relieve the strain and blur she was experiencing at near and intermediate distances. As she was accustomed to a PAL, that mode of correction was indicated so that that she did not have to take on and off her glasses and could enjoy clear, comfortable vision at a continuum of distances.

Our office policy is to always get a patient in as soon as we are aware of a complaint or dissatisfaction; however by the time I heard of this complaint both patients had already left the premises. I felt that the situation was resolved after briefly reviewing the prescriptions and determining they were totally in line with what the patients had worn before , their entering comments and/or concerns, and the clear visual responses the patients both gave.

Apparently there was a billing error in charging for a complete eye exam rather than a refraction only exam. I am in the process of correcting this by filing a request with [Patient's insurance] that the [Patient's] insurance authorizations be reinstated and their copays credited so they can receive another exam elsewhere, if desired.

It gives me great concern that anyone would use the words negligent, failure to execute the duty of care, and ethics issues when referring to my care. **[Patient 1/husband]** mentions that an unnecessary distance prescription may cause "further degradation or damage to **[Patient 2/wife]'s** eyes" even though he stated earlier that her vision was "correct and clear." This appears to be somewhat of a rage on his part, and is inconsistent.

On page 5, **[Patient 1/husband]** mentions that the optometrist is being monitored by the optical staff and that the optometrist should be responsible for the behavior of the optical staff. We are two separate businesses, with the optical portion operated, overseen and trained by **[Licensee business]**. The professional services portion in the back of the office is operated by **[Licensee business]**. Earlier in his complaint he acknowledges that he is aware that we are two separate businesses. This type of inconsistency appears throughout **[Patient 1/husband]'s** complaint.

[Patient 1/husband] states that he believes an ophthalmologist is necessary to do an adequate retinal examination and to read the results of the fundus imaging, performed using the very latest generation of Optos pan retinal imager with integrated OCT. He states that the

imaging was an unnecessary upsell, and that an optometrist is not qualified to read the imaging. That is a patently false and defamatory statement on the part of **[Patient 1/husband]**.

[Patient 2/wife]'s complaint can best be answered by further education about the nature of progressive lenses and possibly trial framing to show her the visual impact of the different types of near and intermediate corrections.

Closing Statement:

I have taken these complaints to heart and have looked at what I could do better, based on **[Patient 1/husband]**'s complaints. Even though I think these complaints were inspired by the patient's own admission to being angry at the cost of the glasses, feeling that he was not listened to and acceleration into exaggerations, I want to do my best to learn from his words. I asked myself and had long discussions with the optical staff that were involved, what we can do differently in the future. There is usually something to be learned in painful confrontations such as this. The staff of the optical said that **[Patient 1/husband]** was angry to the point of being abusive and they felt that there was not much they could offer him to calm his anger.

Nevertheless we are implementing waivers for those patients who want a refraction only and wish to see an ophthalmologist for their health checks.

We are continuing to educate patients about the importance of retinal imaging and or dilation as part of a complete eye health check. We are highly recommending retinal imaging as part of all eye examinations.

We find that 20 minute exams are appropriate considering there is an additional 5-10 minute pre-test history and testing prior to those exams, and open slots are in the schedule for necessary, non-scheduled patient visits. Some exams take more time and some take less. Overall, the flow works at this pace.

I have invited the team of **[Licensee business]** optical to interrupt me in the back office if a situation like this arises again. I will always fit the patient back into the schedule the same day if possible and certainly within the next business day.

I believe that the immediate implementations of these measures will help to avoid any such issues in the future and will continue to enable me to provide excellent patient care.

Sincerely,

[Licensee signature]

[Licensee printed name]

Staff Notes

From: 02/15/2025, patients :
and - encounter and dialogue

Staff:

1. Office Manager
2. Pre-Test Tech

Date Printed: 3/7/2025

Patient Notes

Patient Name: " "

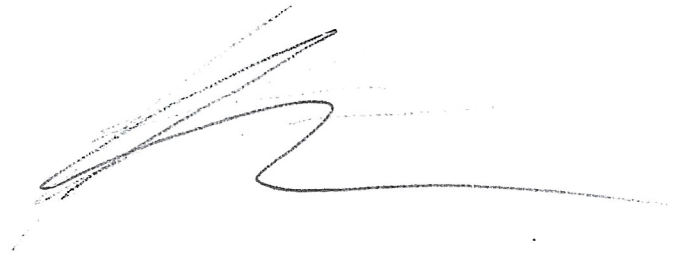
Date	Time	Employee	Notes
2/15/25	3:47 pm		Patient's husband was very upset that his wife was given a progressive RX despite her current pair (Coach frames) having a PAL lens. PT picked out Gucci frames, was looking at Polycarbonate, Transitions and Anti Reflective that was coming to about \$885 with the insurance. The husband was not happy with the pricing and was stating that his wife does not need a PAL RX and that the DR wrote her a bad RX. Mack and Brenna both tried to explain the insurance break down and that the RX does state that the wife is Presbyopic with Astigmatism in both eyes. Mack tried to explain the way the prescription works and even gave a detailed break down of the fees since the price was startling to the husband, but he was still upset and said the wife only needed a computer RX. Mack asked the doctor and he did write up a computer RX for the PT but the husband was still not happy with that and said that he wanted to talk to the doctor because he thinks the doctor didn't write a correct RX. I was then asked by Brenna to come and try to help with reading the patient's old prescription glasses. After getting the RX from the old glasses, I went to go help with the patient and her husband. Upon me walking up to them and saying hello, the husband quickly responds by telling his wife "well this isn't the doctor." I asked how I could help and he started to raise his voice and tell me that he needs to speak to the doctor because there isn't a thing I could do to help since I am not the professional. I let him know that the doctor wrote the prescription to be what the wife needs based off her current glasses, the refraction and her answers to what allowed to her to see more clearly during the exam. He began to get more upset and tell me that he was going to file a complaint with the medical board for the doctor not doing his job. Once again, I tried to explain that until the wife tries the prescription the doctor wrote for her, we wont know that does or does not work for her. He continued to say that it was wrong and the doctor needed to come talk to him. I let him know that just as he and his wife both had their scheduled 20 minute exams with the doctor, so did all the other patients today and the doctor would be unable to take away from another patients appointment by coming to talk to them. I let them know that the best way to know how the prescription works is to try it out but he said we were going to damage his wife's eye if she did that. I let him know that we could get him with an RX check with the doctor or he was able to get a second opinion from another office even. He said they would like to have it rechecked but then said that he would not be paying for his visit today. I let him know that he was responsible for paying for her exam, but the RX check would not have a fee. The wife talked to him to get him to pay the copay for the exam but he was still very adamant that he is going to file complaints with the Medical board about the doctor giving a prescription that isn't correct.

My name is [redacted] I am the technician that administered the pre exam testing on [redacted] and [redacted] on 2/15/2025. My part of the exam process consists of speaking with the patient, documenting their medical history, reason for the exam, and any issues they may be having with their vision; as well as performing vision tests such as auto refraction, fundus and retinal photos, and tonometry for ocular pressure.

Pre-testing [redacted] was routine. When I asked if she had any issues, she mentioned the near vision in her progressive lenses wasn't as clear and she was getting headaches. Her previous records showed that she has been wearing progressive lenses for years and she stated that she wanted to continue wearing progressive lenses. There was nothing out of the ordinary during my time with her and the pre-testing took around 10 minutes.

The pre-test with [redacted] was also routine. He was curt and didn't tell me much information when asked the standard questions, except that he wanted to stay with a single vision lens in his glasses. Pre-testing took around 6 minutes. Both patients declined having retinal imaging after being informed of the health benefits that regular imaging provides. .

After the tests, I updated Dr. [redacted] with the patients' issues, and continued on to the next patient.

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke at the end.

3/12/2025

Records from: 02/15/2025

Provider: . , OD, FAAO

Visit Note - February 15, 2025

PMS ID: Sex: DOB: MRN:

Medications

Obtained and Reviewed February 15, 2025.
OPHTHALMIC MEDICATIONS
NONE

NON OPHTHALMIC MEDICATIONS
NONE

Ocular History

Obtained and Reviewed February 15, 2025.
Wears glasses

Social History

Obtained and Reviewed February 15, 2025.
Smoking status - Unspecified

Allergies

Obtained and Reviewed February 15, 2025.

Medical History

Obtained and Reviewed February 15, 2025.
Elevated blood pressure

Chief Complaints:

1. Routine Exam

HPI: This is a 63 year old male who:

1. is being seen for a chief complaint of routine exam involving the left eye and right eye. Specifically the patient presents for eyeglass check and eyeglass prescription and associated with dry eyes, irritation, and wearing glasses.

Eye Exam

Vision

Distance Test Type: Snellen Chart

Near Test Type: Snellen

DCC OD 20/20
OS 20/20
OU 20/20

Wearing Glasses

Eyeglass:

Usage: Reading single vision

Eye Measurement

OD +1.25

DCC

NCC

OS +1.75 -0.75 x 095

Auto Refraction

Auto Refraction Type: Non-Dilated AR

Eye Measurement

OD -0.25 -0.25 x 110

DCC

NCC

OS -0.25 -0.25 x 053

Keratometry

	Flat	Axis	Steep	Axis	Mires Quality	Method
OD	43.66	151	44.06	061		Auto
OS	44.35	053	44.70	143		Auto

Manifest Refraction

Usage: Reading single vision

Eye Measurement

OD +1.50

DCC

NCC

OS +1.75 -0.25 x 095

Pupils: Normal

	Light (mm)	Dark (mm)	Near (mm)	Size	Round	Regular	Reacts	APD	RAPD	Other
OD				Normal	Round	Regular	Reacts Well	No APD		
OS				Normal	Round	Regular	Reacts Well	No APD		

IOP

OD 11

OS 12

02/15/2025 01:10 PM PST Non-contact tonometer (NCT)

02/15/2025 01:10 PM PST Non-contact tonometer (NCT)

Motility: Full OU

Visual Field Test Type: Confrontation Visual Fields

Visual Field Test Result: Full to Confrontation OU

Exam:

An examination was performed

, OD (Primary Provider) (Bill Under)

Visit Note - February 15, 2025

PMS ID: Sex: DOB: MRN:

OD External: normal lid position, nasolacrimal and orbital exam

OD Lid Margin: quiet and normal

Slit lamp examination OD:

OD Conjunctiva: white and quiet

OD Cornea: clear cornea

OD Anterior Chamber: deep and quiet anterior chamber

OD Iris: normal iris without rubeosis

OD Lens: clear lens

Ophthalmoscopic examination of optic disc OD:

OD: CD ratio 0.3

OD Optic Disc: flat and normal disc

Ophthalmoscopic examination of retina and vessels OD:

OD Vitreous: vitreous clear without hemorrhage, cells or pigment

OD Vessels: vessels with normal contour, caliber without neovascularization

OD Macula: macula normal contour without heme, edema, drusen or exudate

OD Periphery: periphery normal appearance without retinal tears, breaks, holes or mass

I offered the patient a dilated ophthalmoscopic exam OD, patient declines.

General Appearance of the patient is well nourished.

Orientation: alert and oriented x 3.

Mood and affect: no acute distress.

OS External: normal lid position, nasolacrimal and orbital exam

OS Lid Margin: quiet and normal

Slit lamp examination OS:

OS Conjunctiva: white and quiet

OS Cornea: clear cornea

OS Anterior Chamber: deep and quiet anterior chamber

OS Iris: normal iris without rubeosis

OS Lens: clear lens

Ophthalmoscopic examination of optic disc OS:

OS: CD ratio 0.3

OS Optic Disc: flat and normal disc

Ophthalmoscopic examination of retina and vessels OS:

OS Vitreous: vitreous clear without hemorrhage, cells or pigment

OS Vessels: vessels with normal contour, caliber without neovascularization

OS Macula: macula normal contour without heme, edema, drusen or exudate

OS Periphery: periphery normal appearance without retinal tears, breaks, holes or mass

I offered the patient a dilated ophthalmoscopic exam OS, patient declines.

Impression/Plan:

1. Presbyopia OU (H52.4)

Plan: Counseling - Presbyopia.

I counseled the patient regarding the following:

Eye care: Reading glasses, prism glasses, bifocals, trifocals or contact lenses can be helpful.

Expectations: Presbyopia is the inability to focus on objects (ie: accommodate) due to the loss of flexibility of your natural lens. Presbyopia occurs as we get older.

Contact Office if: Difficulty in focusing persists despite corrective eyewear.

After counseling the patient, we decided on the following plan for the right eye: Glasses

After counseling the patient, we decided on the following plan for the left eye: Glasses

PATIENT FINANCIAL AND INSURANCE INFORMATION

PATIENT NAME: _____
(PLEASE PRINT) LAST NAME FIRST NAME MIDDLE INITIAL GENDER: ☐ MALE
☐ FEMALE
DATE OF BIRTH (MM/DD/YYYY): _____ SOCIAL SECURITY NUMBER (last four digits): _____
ADDRESS: _____ CITY: _____
STATE: NV ZIP CODE: _____
HOME PHONE: _____ WORK PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____
EMAIL ADDRESS: _____ EMERGENCY CONTACT AND
NUMBER: _____ PERSON(S) WE CAN DISCUSS AND/OR RELEASE YOUR HEALTH INFORMATION TO:
Self only ☐ Name(s) _____ MAY WE LEAVE A VOICEMAIL/EMAIL ABOUT YOUR HEALTH INFORMATION:
Yes ☐ No ☐
RACE (CHOOSE ONE): ☐ Asian ☐ Black ☐ White ☐ Native American ☐ Pacific Islander ☐ 2 or more ☐ Other
ETHNICITY (CHOOSE ONE): ☐ Hispanic ☐ Not Hispanic
EMPLOYER: _____ OCCUPATION: _____

****A NOTE TO ALL OUR CONTACT LENS WEARERS****

In most cases, contact lenses are not considered "medically necessary" by insurance companies. Any test performed to determine or update a contact lens prescription may not be covered by insurance companies and will be the responsibility of the patient.

VISION INSURANCE

NAME OF INSURANCE: _____ ID NUMBER: _____
SUBSCRIBER INFORMATION
NAME: _____ DATE OF BIRTH: _____ SS NUMBER (last four digits): _____
RELATIONSHIP TO PATIENT: _____ WORK PHONE: (____) _____ - _____

PRIMARY MEDICAL INSURANCE

NAME OF INSURANCE: _____ ID NUMBER: _____
SUBSCRIBER INFORMATION
NAME: _____ DATE OF BIRTH: _____ SS NUMBER (last four digits): _____
RELATIONSHIP TO PATIENT: _____ WORK PHONE: (____) _____ - _____

SECONDARY MEDICAL INSURANCE

NAME OF INSURANCE: _____ ID NUMBER: _____
SUBSCRIBER INFORMATION
NAME: _____ DATE OF BIRTH: _____ SS NUMBER (last four digits): _____
RELATIONSHIP TO PATIENT: _____ WORK PHONE: (____) _____ - _____

Medical Release Authorization and Insurance Assignment:

I, the undersigned, authorize payment from my insurance company to be made for covered services. I understand that I am responsible for obtaining any referrals needed before my appointment or I must pay for that visit. Regardless of my insurance status, I am ultimately responsible for the balance on my account.

Should timely payments of this account not be made, I authorize to retain the services of an attorney and/or collection agency to assist with the collection of any outstanding balance. Any expenses incurred by such an action shall become an additional liability for which I am responsible. I certify that the information I have recorded with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical information, to my insurance company in order to determine insurance benefits to which I may be entitled, this authorization may be revoked by myself at any time in writing.

I have reviewed a copy of Privacy Policies.

PRINT NAME

SIGNATURE

02/15/2025

DATE

Acknowledgment of Privacy Practices and Informed Consent

Patient Name (Print): _____

Date: 02/15/2025

Acknowledgment of Notice of Privacy Practices *(all patients read and sign)*:

I acknowledge that I have received or been offered the HIPAA Notice of Privacy Practices which describes the uses and disclosures of my protected health information by the Practice and informs me of my rights with respect to my protected health information.

Patient Signature *(or Guardian, if under 18 years old)*: _____

Date: 02/15/2025

I give my permission for my personal health information to be discussed with the following individuals: _____

Digital Retinal Imaging Informed Consent *(initial sign)*: _____

☐ Yes, I consent to Digital Retinal Imaging today (\$39 copay) and I have **NO** history of seizures.

☒ No, I understand the importance of Digital Retinal Imaging and wish to talk to my doctor.

Patient Signature *(or Guardian, if under 18 years old)*: _____

Date: 02/15/2025

Visit Note - February 15, 2025

PMS ID: Sex: DOB: MRN:

Plan: F/U for Next Visit Refractive.

The patient should be scheduled for the following in 12 Months:

Plan: Refraction.

Manifest Refraction was performed OU.

Indication: Presbyopia OU

GLASSES RX DETAILS

	SPHERE	CYLINDER	AXIS	ADD	START	EXP. DATE
OD	+1.50	D.S.			02/15/25	02/15/26
OS	+1.75	-0.25	095		02/15/25	02/15/26

ADDITIONAL INFORMATION

Active Usage Yes
Reading single vision

Staff:

OD (Primary Provider) (Bill Under)

Electronically Signed By:

OD, 02/15/2025 01:18 PM PST

, OD (Primary Provider) (Bill Under)

Invoice

Patient Name:
Responsible Party:

Office # : 65025
Service Date: 02/15/2025
Payment #: 24926371
Employee : OWAZSK6XO

Item/ Service Description	Proc Code	Diagnosis Codes	Retail Price	Discount	Insurance Allowance	Insurance Copay	Patient Due
Patient Name: Order # 18904430 Insurance: VSP CHOICE PLAN							
92015 - Refraction - 92015	92015	H52.4	\$50.00		\$50.00		\$0.00
92004 - Comprehensive Exam - New Pt - 92004	92004	H52.4	\$200.00		\$200.00	\$10.00	\$10.00
Total			\$250.00	\$0.00	\$250.00	\$10.00	\$10.00

Your savings with VSP : | \$240.00

Promise Date: N/A

Tax/Fee \$0.00

Payment History

Amount shown may exceed the total payment amount on this invoice if the payment was applied to multiple orders

TransactionDate	CustomerName	Amount	Type
2/15/2025 1:38:07 PM		\$245.00	Visa

Payments Summary

Total Due	\$10.00
Total Payments Made	(\$10.00)
Total Adjustments	\$0.00
Balance	\$0.00

AUTHORIZATION: I authorize the filing of an insurance claim and direct payment to VSP Ventures of benefits for services rendered to me or my dependents. I accept financial responsibility for any unpaid balances not covered by insurance.

Invoice

Patient Name:
Responsible Party:

Office # : 65025
Service Date: 02/15/2025
Payment #: 24926371
Employee : OWAZSK6XO

Item/ Service Description	Proc Code	Diagnosis Codes	Retail Price	Discount	Insurance Allowance	Insurance Copay	Patient Due
Patient Name: Order # 18904428 Insurance: VSP CHOICE PLAN							
RB 5154 (2000) Black 52/22/145 (000001318979)	V2020		\$250.00		\$170.00		\$80.00
Single Vision Polycarbonate - Clear	V2100,V2103, V2784,V2100		\$190.00		\$155.00	\$25.00	\$60.00
Backside UV	V2755		\$25.00		\$15.00		\$10.00
Techshield Elite Uvr Non-Glare	V2750		\$170.00		\$85.00		\$85.00
Total			\$635.00	\$0.00	\$425.00	\$25.00	\$235.00

Your savings with VSP : | **\$400.00**

Promise Date: 03/01/2025

Tax/Fee \$0.00

Payment History

Amount shown may exceed the total payment amount on this invoice if the payment was applied to multiple orders

<u>TransactionDate</u>	<u>CustomerName</u>	<u>Amount</u>	<u>Type</u>
2/15/2025 1:38:07 PM		\$245.00	Visa

Payments Summary

Total Due	\$235.00
Total Payments Made	(\$235.00)
Total Adjustments	\$0.00
Balance	\$0.00

AUTHORIZATION: I authorize the filing of an insurance claim and direct payment to VSP Ventures of benefits for services rendered to me or my dependents. I accept financial responsibility for any unpaid balances not covered by insurance.

Records from: 02/15/2025

Provider: , OD, FAAO

Medications

Obtained and Reviewed February 15, 2025.

OPHTHALMIC MEDICATIONS
NONENON OPTHALMIC MEDICATIONS
NONE**Ocular History**

Obtained and Reviewed February 15, 2025.

Wears glasses

Social History

Obtained and Reviewed February 15, 2025.

Smoking status - Unspecified

Allergies

Obtained and Reviewed February 15, 2025.

Medical History

Obtained and Reviewed February 15, 2025.

None

Chief Complaints:

1. Routine Exam

HPI: This is a 49 year old female who:

1. is being seen for a chief complaint of routine exam involving the left eye and right eye. Specifically the patient presents for blurred vision at near and associated with headaches and wearing glasses.

Eye Exam**Vision**

Distance Test Type: Snellen Chart

Near Test Type: Snellen

Dcc	OD	20/30
	OS	20/30
	OU	20/30

Wearing**Glasses****Eyeglass:**

Usage: Progressive

Eye Measurement

DCC

NCC

OD +0.50 -0.25 x 156
Add: +1.75OS +0.25
Add: +1.75**Auto Refraction**

Auto Refraction Type: Non-Dilated AR

Eye Measurement

DCC

NCC

OD +1.25 -0.25 x 158

OS +1.00 -0.25 x 158

Keratometry

	Flat	Axis	Steep	Axis	Mires Quality	Method
OD	43.21	068	44.47	158		Auto
OS	43.72	021	44.35	111		Auto

Manifest Refraction

Usage: Multifocal

Eye Measurement

DCC

NCC

OD +1.25 -0.25 x 158
Add: +2.00OS +1.00 -0.25 x 158
Add: +2.00**Pupils: Normal**

	Light (mm)	Dark (mm)	Near (mm)	Size	Round	Regular	Reacts	APD	RAPD	Other
OD				Normal	Round	Regular	Reacts Well	No APD		
OS				Normal	Round	Regular	Reacts Well	No APD		

IOP

OD 10

02/15/2025 01:18 PM PST Non-contact tonometer (NCT)

OS 10

02/15/2025 01:18 PM PST Non-contact tonometer (NCT)

Motility: Full OU

Visual Field Test Type: Confrontation Visual Fields

Visual Field Test Result: Full to Confrontation OU

Exam:

An examination was performed

OD External: normal lid position, nasolacrimal and orbital exam

OD Lid Margin: quiet and normal

Slit lamp examination OD:

OD Conjunctiva: white and quiet

OD Cornea: clear cornea

OD Anterior Chamber: deep and quiet anterior chamber

OD Iris: normal iris without rubeosis

OD Lens: clear lens

Ophthalmoscopic examination of optic disc OD:

OD: CD ratio 0.3

OD Optic Disc: flat and normal disc

Ophthalmoscopic examination of retina and vessels OD:

OD Vitreous: vitreous clear without hemorrhage, cells or pigment

OD Vessels: vessels with normal contour, caliber without neovascularization

OD Macula: macula normal contour without heme, edema, drusen or exudate

OD Periphery: periphery normal appearance without retinal tears, breaks, holes or mass

I offered the patient a dilated ophthalmoscopic exam OD, patient declines.

General Appearance of the patient is well nourished.

Orientation: alert and oriented x 3.

Mood and affect: no acute distress.

OS External: normal lid position, nasolacrimal and orbital exam

OS Lid Margin: quiet and normal

Slit lamp examination OS:

OS Conjunctiva: white and quiet

OS Cornea: clear cornea

OS Anterior Chamber: deep and quiet anterior chamber

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OS Vessels: vessels with normal contour, caliber without neovascularization

OS Macula: macula normal contour without heme, edema, drusen or exudate

OS Periphery: periphery normal appearance without retinal tears, breaks, holes or mass

I offered the patient a dilated ophthalmoscopic exam OS, patient declines.

Impression/Plan:

1. Presbyopia OU (H52.4)

Plan: Counseling - Presbyopia.

I counseled the patient regarding the following:

Eye care: Reading glasses, prism glasses, bifocals, trifocals or contact lenses can be helpful.

Expectations: Presbyopia is the inability to focus on objects (ie: accommodate) due to the loss of flexibility of your natural lens. Presbyopia occurs as we get older.

Contact Office if: Difficulty in focusing persists despite corrective eyewear.

After counseling the patient, we decided on the following plan for the right eye: Glasses

PATIENT FINANCIAL AND INSURANCE INFORMATION

PATIENT NAME: _____
(PLEASE PRINT) LAST NAME FIRST NAME MIDDLE INITIAL
GENDER: ☐ MALE
☐ FEMALE
DATE OF BIRTH (MM/DD/YYYY): _____ SOCIAL SECURITY NUMBER (last four digits): _____
ADDRESS: _____ CITY: _____
STATE: NV ZIP CODE: _____
HOME PHONE: _____ WORK PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____
EMAIL ADDRESS: _____ EMERGENCY CONTACT AND
NUMBER: _____ PERSON(S) WE CAN DISCUSS AND/OR RELEASE YOUR HEALTH INFORMATION TO:
Self only ☐ Name(s) _____ MAY WE LEAVE A VOICEMAIL/EMAIL ABOUT YOUR HEALTH INFORMATION:
Yes ☐ No ☐
RACE (CHOOSE ONE): ☐ Asian ☐ Black ☐ White ☐ Native American ☐ Pacific Islander ☐ 2 or more ☐ Other
ETHNICITY (CHOOSE ONE): ☐ Hispanic ☐ Not Hispanic
EMPLOYER: _____ OCCUPATION: _____

****A NOTE TO ALL OUR CONTACT LENS WEARERS****

In most cases, contact lenses are not considered "medically necessary" by insurance companies. Any test performed to determine or update a contact lens prescription may not be covered by insurance companies and will be the responsibility of the patient.

VISION INSURANCE

NAME OF INSURANCE: _____ ID NUMBER: _____
SUBSCRIBER INFORMATION
NAME: _____ DATE OF BIRTH: _____ SS NUMBER (last four digits): _____
RELATIONSHIP TO PATIENT: _____ WORK PHONE: (____) _____ - _____

PRIMARY MEDICAL INSURANCE

NAME OF INSURANCE: _____ ID NUMBER: _____
SUBSCRIBER INFORMATION
NAME: _____ DATE OF BIRTH: _____ SS NUMBER (last four digits): _____
RELATIONSHIP TO PATIENT: _____ WORK PHONE: (____) _____ - _____

SECONDARY MEDICAL INSURANCE

NAME OF INSURANCE: _____ ID NUMBER: _____
SUBSCRIBER INFORMATION
NAME: _____ DATE OF BIRTH: _____ SS NUMBER (last four digits): _____
RELATIONSHIP TO PATIENT: _____ WORK PHONE: (____) _____ - _____

Medical Release Authorization and Insurance Assignment:

I, the undersigned, authorize payment from my insurance company to be made for covered services. I understand that I am responsible for obtaining any referrals needed before my appointment or I must pay for that visit. Regardless of my insurance status, I am ultimately responsible for the balance on my account.

Should timely payments of this account not be made, I authorize to retain the services of an attorney and/or collection agency to assist with the collection of any outstanding balance. Any expenses incurred by such an action shall become an additional liability for which I am responsible. I certify that the information I have recorded with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical information, to my insurance company in order to determine insurance benefits to which I may be entitled, this authorization may be revoked by myself at any time in writing.

I have reviewed a copy of Privacy Policies.

PRINT NAME

SIGNATURE

02/15/2025

DATE

Visit Note - February 15, 2025

PMS ID: Sex: DOB: MRN:

After counseling the patient, we decided on the following plan for the left eye: Glasses

Plan: F/U for Next Visit Refractive.

The patient should be scheduled for the following in 12 Months:

Plan: Refraction.

Manifest Refraction was performed OU.

Indication: Presbyopia OU

GLASSES RX DETAILS						
	SPHERE	CYLINDER	AXIS	ADD	START	EXP. DATE
OD	+1.25	-0.25	158	+2.00	02/15/25	02/15/26
OS	+1.00	-0.25	158	+2.00	02/15/25	02/15/26

ADDITIONAL INFORMATION

Active Yes
Usage Multifocal

Staff:

OD (Primary Provider) (Bill Under)

Electronically Signed By

OD, 02/15/2025 01:23 PM PST

Acknowledgment of Privacy Practices and Informed Consent

Patient Name (Print): _____ Date: 02/15/2025

Acknowledgment of Notice of Privacy Practices (all patients read and sign):

I acknowledge that I have received or been offered the HIPAA Notice of Privacy Practices which describes the uses and disclosures of my protected health information by the Practice and informs me of my rights with respect to my protected health information.

Patient Signature (or Guardian, if under 18 years old): _____ Date: 02/15/2025

→ I give my permission for my personal health information to be discussed with the following individuals: _____

Digital Retinal Imaging Informed Consent (initial sign): _____

☐ Yes, I consent to Digital Retinal Imaging today (\$39 copay) and I have **NO** history of seizures.

☒ No, I understand the importance of Digital Retinal Imaging and wish to talk to my doctor.

→ Patient Signature (or Guardian, if under 18 years old): _____ Date: 02/15/2025

Invoice

Patient Name:
Responsible Party:

Office # : 65025
Service Date: 02/15/2025
Payment #: 24926407
Employee : OWAZSK6XO

Item/ Service Description	Proc Code	Diagnosis Codes	Retail Price	Discount	Insurance Allowance	Insurance Copay	Patient Due
Patient Name: Order # 18904488 Insurance: VSP CHOICE PLAN							
92015 - Refraction - 92015	92015	H52.4	\$50.00		\$50.00		\$0.00
92004 - Comprehensive Exam - New Pt - 92004	92004	H52.4	\$200.00		\$200.00	\$10.00	\$10.00
Total			\$250.00	\$0.00	\$250.00	\$10.00	\$10.00

Your savings with VSP : | **\$240.00**

Promise Date: N/A

Tax/Fee \$0.00

Payment History

Amount shown may exceed the total payment amount on this invoice if the payment was applied to multiple orders

TransactionDate	CustomerName	Amount	Type
2/15/2025 2:20:44 PM		\$10.00	Visa

Payments Summary

Total Due	\$10.00
Total Payments Made	(\$10.00)
Total Adjustments	\$0.00
Balance	\$0.00

AUTHORIZATION: I authorize the filing of an insurance claim and direct payment to VSP Ventures of benefits for services rendered to me or my dependents. I accept financial responsibility for any unpaid balances not covered by insurance.

Materials for Item No. 6 re

Complaint 25-10

- Inquiry letter redacted
- FDT redacted
- Licensee-Director email string redacted

STATE OF NEVADA

JOE LOMBARDO
Governor



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAEERER
Deputy Directors

ADAM SCHNEIDER
Executive Director

**DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF OPTOMETRY**

March 7, 2025

[Licensee name]
[Licensee address]
[Licensee address], NV
[licensee email address]
via email only

Re: NSBO Complaint# 25-10
Patient: [Patient]

Dear [Licensee]-

This office has received information and a complaint alleging your care and treatment of the above-referenced patient may have been unprofessional as defined in Nevada Revised Statute (NRS) 636.295 and Nevada Administrative Code (NAC) 636.230. It is alleged the following occurred:

Verbal Abuse and Intimidation of Staff – Yelling at employees, berating a staff member for 20 minutes, and creating a hostile work environment in front of patients demonstrates unprofessional conduct.

Inappropriate and Aggressive Behavior Toward a Patient – Asking “Do you have a problem with me?” in front of other patients as a first interaction is confrontational and unprofessional.

Unjustified Refusal of Care – Abruptly canceling a patient’s scheduled appointment, after they had waited over an hour, without providing a legitimate medical reason is a breach of professional responsibility.

Creating a Hostile Environment for Patients and Staff – erratic and aggressive behavior disrupted the office, caused visible distress among staff, and contributed to an unprofessional atmosphere.

The proffered factual basis for the above allegations is the following:

I arrived early in the morning for my scheduled appointment [on 2/26/2025] and

was on time. Upon arrival, I witnessed [Licensee] yelling at his receptionist in the reception area, which was right next to the waiting room. He loudly stated something to the effect of, “It’s all going to shit,” before angrily demanding that the receptionist get his accountant on the phone immediately. It was evident that she had no prior knowledge of this request and appeared uncertain about how to proceed.

After my initial eye exams with another staff member—who was professional and courteous—I waited in another area for my consultation with [Licensee]. While waiting, I observed him walk into a room with another employee, whom he then berated for approximately 20 minutes. I could hear yelling coming from the direction they went. When he returned, the employee followed five minutes later, visibly upset and with a puffy face, as if she had been crying.

There were four patients, including myself, seated in a row of six chairs in close proximity to one another. [Licensee] emerged and, instead of calling patients in an orderly manner, simply stated, “Who’s next? You know your order.” I confirmed that it was my turn and stood up. In front of the other three patients, he immediately asked, “Do you have a problem with me?” I was shocked by this abrupt and inappropriate question, especially as I had never met him before. I responded, “No, I’ve never met you before.” He then replied, “Okay, I just want to make sure you don’t have an issue with me.” The other patients and a staff member present appeared visibly confused by the interaction.

I proceeded to the exam room with a staff member and, given the uncomfortable exchange, quietly asked if everything was okay. The staff member responded, “I can’t say anything, as I work here,” which in itself was telling.

Moments later, [Licensee] entered the exam room and abruptly canceled my appointment, despite my having already waited for over an hour. His only explanation was, “I can’t do this with you today.” Both the staff member and I were visibly confused, exchanging glances. When I asked for clarification, he simply repeated, “I can’t do this with you today, you’ll be rescheduled,” and left the room. He then walked to the front desk, handed over my file, and refused to see me for my scheduled appointment.

When I spoke to the staff member at the front desk, she initially assumed I had requested to reschedule. I informed her that [Licensee] had removed me from the exam room without any explanation, after I had witnessed him yell at multiple staff members.

During my time at the office, I observed [Licensee] behaving in a manner that was not only unprofessional but also verbally abusive and potentially threatening toward his staff. Multiple employees appeared to be trying to console one another and manage the disruption he had caused. One staff member even commented, “There is trouble in paradise.”

His behavior created a hostile and uncomfortable environment for both patients and staff. It is highly inappropriate for a medical professional to engage in such conduct, particularly in front of multiple patients. I am deeply concerned for the well-being of the employees at [Licensee’s fictitious name], as no one should be

subjected to this kind of treatment in a workplace.

Pursuant to NRS 636.305(3), in order to determine whether or not there has been a violation of NRS/NAC 636, please provide a written response to each allegation noted above, as well as a full and complete copy of your healthcare records, billing, invoices, and communications to and from the aforesaid patient. Please include any further information you believe would be useful for the Board to make a determination in this matter.

Your reply to director@nvoptometry.org is due on or by the close of business **March 28, 2025**. Should the records be voluminous, usage of Dropbox or ShareFile or the like is encouraged.

Please return the healthcare records and billing with the signed Custodian of Records Declaration, enclosed herewith. If you are not the custodian of records, please indicate where the healthcare records can be obtained.

The Nevada State Board of Optometry investigates all information received concerning possible violations of NRS/NAC 636. This letter is not to be construed as a determination as to whether or not there has been a violation of such laws until a thorough investigation is completed. This correspondence is sent pursuant to NRS 636.305(2) and NRS 636.310(3), and the accompanying subpoena is sent pursuant to NRS 636.141 and NRS 629.061(1)(g). As a licensee subject to an investigation, you are required by law to timely provide the requested information.

Please be advised that if any particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the law, specifically including but not limited to NRS 636.295(8) (unprofessional conduct in the practice of optometry).

Respectfully,

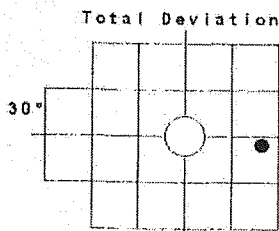
/s/ Adam Schneider
Adam Schneider, Esq.
Executive Director

SCREENING N-30-5

NAME
 AGE: 40 ID
 15 FEB 2023 01:38 pm

RIGHT EYE

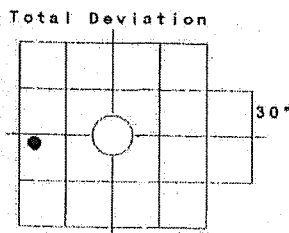
Test Duration: 00:59 min



FIXATION ERRS: 0/3
 FALSE POS ERRS: 0/5

LEFT EYE

Test Duration: 00:58 min



FIXATION ERRS: 0/3
 FALSE POS ERRS: 0/5

Probability Symbols

P >= 5%
 P < 5%
 P < 2%
 P < 1%

WelchAllyn™
 FREQUENCY DOUBLING
 TECHNOLOGY

ZEISS **Humphrey**
 SYSTEMS

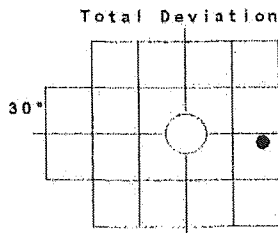
SW VER: 3.00.1
 TEST: 79390.2120512

SCREENING N-30-5

NAME
 AGE: 39 ID
 15 FEB 2024 01:46 pm

RIGHT EYE

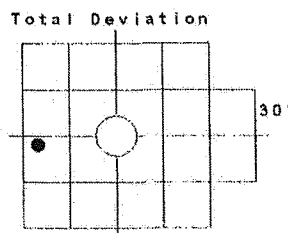
Test Duration: 00:58 min



FIXATION ERRS: 0/3
 FALSE POS ERRS: 0/5

LEFT EYE

Test Duration: 01:00 min



FIXATION ERRS: 1/3
 FALSE POS ERRS: 0/5

Probability Symbols

P >= 5%
 P < 5%
 P < 2%
 P < 1%

WelchAllyn™
 FREQUENCY DOUBLING
 TECHNOLOGY

ZEISS **Humphrey**
 SYSTEMS

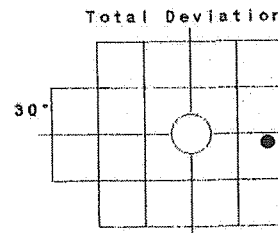
SW VER: 3.00.1
 TEST: 79302.2120512

SCREENING N-30-5

NAME
 AGE: 40 ID
 26 FEB 2025 09:24 am

RIGHT EYE

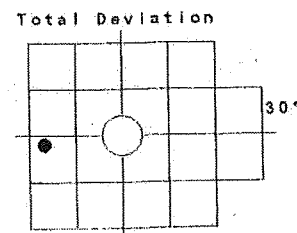
Test Duration: 00:58 min



FIXATION ERRS: 0/3
 FALSE POS ERRS: 0/5

LEFT EYE

Test Duration: 00:58 min



FIXATION ERRS: 0/3
 FALSE POS ERRS: 0/5

Probability Symbols

P >= 5%
 P < 5%
 P < 2%
 P < 1%

WelchAllyn™
 FREQUENCY DOUBLING
 TECHNOLOGY

ZEISS **Humphrey**
 SYSTEMS

SW VER: 3.00.1
 TEST: 83560.2120512

From: Licensee
Sent: Wednesday, April 2, 2025 10:51 AM
To: Director
Subject: Re: Complaint 25-10- personal & confidential

Hello Adam,

This patient and I simply had personality differences. She was being negative and I decided not to see her that day. Moreover, we asked her if she wanted to reschedule on the way out. I'll send over the required documentation for her past exams. She's never made it to my exam chair. Thank you.

All best,

[Licensee]

From: "Director" <director@nvoptometry.org>
Sent: Wednesday, April 23, 2025 12:46 PM
To: [Licensee]
Subject: Re: Complaint 25-10- personal & confidential

[Licensee]- ample time to get me the records by the deadline. If the [above] paragraph is your whole response, please let me know. Otherwise your response of course can accompany the records whenever those get sent at the same time. Thanks.

Adam Schneider, Esq.
Executive Director
Nevada State Board of Optometry
P.O. Box 1824
Carson City, NV 89702
775-883-8367 - office
775-305-0105 - fax
www.nvoptometry.org

From: [Licensee]
Sent: Wednesday, April 23, 2025 1:52 PM
To: Director
Subject: Re: Complaint 25-10- personal & confidential

Hi Adam,

Yeah I don't really know what else to say here. It was a very quick exchange really. My staff said that they already mailed her records over to you guys. Please let me know if you need anything else. Thank you!

All best,

-[Licensee]

From: [Licensee]

Sent: Friday April 25, 2025 3:27 PM

To: Director

Subject: Re: Complaint 25-10- personal & confidential

Hello,

The Certificate of Custodian of Records is attached and certifies that all records pertaining to the patient for case no. 25-10 have been provided.

Additionally, no billing documents have been included as the patient was not billed for any services on 26 February, 2025 as she was not examined by the provider.

All Best,

[Licensee]

Materials for Item No. 7 re

Complaint 25-12

- Inquiry letter redacted
- Licensee response redacted
- Licensee 2021-2024 records + brain MRI redacted
- Licensee-Patient phone logs redacted
- OMD 2024 records redacted

STATE OF NEVADA

JOE LOMBARDO
Governor



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAEERER
Deputy Directors

ADAM SCHNEIDER
Executive Director

**DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF OPTOMETRY**

April 7, 2025

[Licensee], O.D.
[Licensee address]
[Licensee address, NV]
[Licensee email address]
via email only

Re: NSBO Complaint# 25-12
Patient: [Patient]

Dear Dr. [Licensee]-

This office has received information and a complaint alleging your care and treatment of the above-referenced patient may have been unprofessional as defined in Nevada Revised Statute (NRS) 636.295 and Nevada Administrative Code (NAC) 636.230. It is alleged the following occurred:

On or about August 1, 2024, the patient was having vision problems which were later aggravated due to an incorrect glasses Rx of OD: -3.50-0.25x176, OS: -5.50-0.25 x084 resulting in daily headaches.

On or about November 27, 2024, the patient presented to a different optometrist who issued a glasses Rx of OD: -0.75 sph., OS: +0.75 sph.

On or about December 17, 2024, the patient presented to an ophthalmologist who noted your 8/1/2024 glasses Rx is "really different compared to the new glasses Rx" and the patient stated she is better with the new glasses Rx.

The patient's mother contacted your office and was instructed to send an email to [licensee practice email address], which was sent on December 23, 2024, but has not heard anything back.

Pursuant to NRS 636.305(3), in order to determine whether or not there has been a violation of NRS/NAC 636, please provide a written response to each allegation noted above, as well as a full and complete copy of your healthcare records, billing, invoices, and communications to and from the aforesaid patient. Please include any further information you believe would be useful

for the Board to make a determination in this matter.

Your reply to director@nvoptometry.org is due on or by the close of business **May 7, 2025**. Should the records be voluminous, usage of Dropbox or ShareFile or the like is encouraged.

Please return the healthcare records and billing with the signed Custodian of Records Declaration, enclosed herewith. If you are not the custodian of records, please indicate where the healthcare records can be obtained.

The Nevada State Board of Optometry investigates all information received concerning possible violations of NRS/NAC 636. This letter is not to be construed as a determination as to whether or not there has been a violation of such laws until a thorough investigation is completed. This correspondence is sent pursuant to NRS 636.305(2) and NRS 636.310(3), and the accompanying subpoena is sent pursuant to NRS 636.141 and NRS 629.061(1)(g). As a licensee subject to an investigation, you are required by law to timely provide the requested information.

Please be advised that if any particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the law, specifically including but not limited to NRS 636.295(8) (unprofessional conduct in the practice of optometry).

Respectfully,

/s/ Adam Schneider
Adam Schneider, Esq.
Executive Director

May 2, 2025

VIA ELECTRONIC MAIL

Adam Schneider, Executive Director
Nevada State Board of Optometry
director@nvoptometry.org

RE: NSBO Complaint# 25-12

Dear Adam,

This communication is provided in response to Complaint 25-12 (the “complaint”) made by Legal Guardian of [Patient] (the “Claimant”), which alleged that [Licensee] (the “Respondent”) alleging the care and treatment of the above-referenced patient may have been unprofessional as defined in Nevada Revised Statute (NRS) 636.295 and Nevada Administrative Code (NAC) 636.230. The complaint further states:

- On or about August 1, 2024, the patient was having vision problems which were later aggravated due to an incorrect glasses Rx of OD: -3.50-0.25x176, OS: -5.50 -0.25 x 084.
- The patient presented to a different optometrist who issued a glasses Rx of OD: -0.75 sph., OS: +0.75 sph.
- On or about December 17, 2024, the patient presented to an ophthalmologist who noted your 8/1/2024 glasses Rx is “really different compared to the new glasses Rx” and the patient stated she is better with the new glasses Rx.
- The patient’s mother contacted your office and was instructed to send an email to [licensee business email address] which was sent on December 23, 2024, but has not heard anything back.

At your specific request, this correspondence attempts to avoid any material argument and/or advocacy related to the Complaint, and is focused on providing you, the Nevada State Board of Optometry, with a complete and accurate set of facts upon which to make your initial determination to the validity of the Complaint. Hence, we are also providing the medical records pertaining to this complaint to demonstrate the level of specialized care given to the patient.

Factual History

[Patient is a 14 y.o. female that first presented to our office on November 11, 2021, at which time she was evaluated by an associate doctor [Licensee 2]. During this visit patient complained of blurred vision and admitted to not having a history of spectacle use in the past. Her uncorrected visual acuity at this time was found to be 20/25 in both eyes. The manifest refraction revealed possible anisometropia but due to lack of confidence in the prescription [Licensee 2] elected to hold the prescription and bring the patient back for further specialty testing. The patient was scheduled for a follow-up exam on February 1, 2022, but the patient canceled the scheduled exam and did not reschedule.

The patient finally returned to the clinic on May 18, 2023, **1.5 years** later scheduling only for a basic comprehensive vision examination that had been recommended by her primary care physician. This exam was conducted by [Licensee]. Acuity assessment of this patient revealed that the

patient's vision had decreased dramatically from her previous examination revealing uncorrected visual acuity of OD: 20/100 and OS: 20/150. [Licensee] also found a mild esophoria during cover testing. Retinoscopy was performed on the patient and revealed OD: +0.50 OS: +1.50, which was a significant amount of anisometropia. The manifest refraction that the patient subjectively responded was found to be OD: Plano 20/30 OS: +1.25 20/40. This revealed much better vision than the patients' uncorrected acuity results at the beginning of the examination. The ocular assessment portion of the examination showed a large cupping of the optic nerve for the patient's age which was found to be similar to that found at the initial examination. [Licensee] indicated that the patient had some degree of unexplained amblyopia and requested the claimant and patient return to the clinic within 2 months for further specialty testing to be performed in order to rule out any ocular or neurodegenerative pathology and to assess if the prescribed optical lenses abated any degree of the patient's amblyopia. To assist in ruling out refractive amblyopia as a possible etiology for mildly decreased vision the patient and guardian were advised to begin full time spectacle utilization. The prescription given by [Licensee] was for OD: Plano and OS: +1.25.

On May 18, 2023, the same date that the accurate prescription was given by [Licensee], an order was placed in our office on the same date (5/18/2023) for prescription glasses prescribed with the aforementioned spectacle prescription by [Licensee]. Due to the patient having Eyequest, a Medicaid vision insurance provider, the frames and lenses were covered for this patient.

The patient's mother and legal guardian subsequently signed and picked up these frames with the accurate prescription given by [Licensee] from the exam on May 18, 2023.

[Patient] returned to our office to see [Licensee] on July 20, 2023, to complete the specialty medical testing ordered by [Licensee] and assess for improvement in the patient's visual acuity. The best corrected vision at this visit remained consistent with the prior visit and did not show improvement despite using the prescribed glasses prescription OD: Plano 20/30 OS: +1.25 20/40.

The extensive medical testing showed some variability in results but was not able to provide a confirmed etiology for exactly the reason for the patient's decreased vision. The claimant reported [Patient] had been consistently taking a children's multivitamin. Due to the non-improvement in the patient's best corrected vision with the previous interventions, she was referred by [Licensee] to NV Eye to see Dr Peter Debry, who is a specialist on optic nerve disease and glaucoma. She was also advised to return for a follow-up visit within 4 months to ensure progress with the prescribed plan.

The patient and claimant **did not** follow the prescribed plan and did not return to the clinic until **one year** later August 1, 2024. During this visit the patient and claimant reported that they did not go to see Dr Peter Debry and they also did not come to the four-month follow-up prescribed by [Licensee]. The patient complained she was getting headaches and dizziness. At this visit [Licensee] found her retinoscopy to be OD: +0.25 and OS: +1.25 but her manifest refraction was consistent with the years prior at OD: plano 20/40 OS: +1.25 20/40. The patient's best corrected vision had decreased from 20/30 to 20/40 in OD. Due to the non-compliance and possible progression in the patient's condition [Licensee] ordered an MRI to ensure there was not a progressive neurological disease or lesion. [Licensee] stressed during this visit the importance of compliance to ensure the health and vision of the patient. [Licensee] advised the patient and her guardian to complete the MRI and then return to the clinic in six weeks to assess and determine the next steps.

Following this visit, another order for glasses was placed for the patient with the following prescription: OD: Plano OS: +1.25, which is consistent with the prescription given by [Licensee]. This was entered into the EMR system on or about August 1, 2024.

[Patient] was scheduled to return to clinic on September 12, 2024, for follow-up with [Licensee]. The patient came to the clinic, but the claimant canceled the visit because we were no longer taking the patient's medical insurance, and she did not want any out-of-pocket medical expenses. The claimant asked if we could refer her to another clinic where she could have insurance covered. The patient was again referred to Dr Peter Debry, but that NV Eye later decided they would not see [Patient] due to her age. Therefore, it was determined that the patient could be seen by Meadows Eye, so the patient was referred to the ophthalmologist there.

While the claimant was in the office on September 12, 2024, she asked the front receptionist for a copy of [Patient]'s glasses prescription. At this point [Patient] had already received a new pair of glasses with the prescription given by [Licensee] of OD: plano OS: +1.25.

Due to the technicians and [Licensee] being busy in clinic and the receptionist feeling pressure by claimant, she attempted to write down the prescription from August 1, 2024, exam note and provide a copy of the prescription to the claimant. When the receptionist wrote down the copy of the prescription, she made a transcription/transfer error and wrote down the results from the auto-refractor instrument instead of the prescribed manifest refraction/ glasses prescription given by [Licensee] on August 1, 2024. Because the clinical team was busy the receptionist stamped the prescription with a signature stamp that is normally used for financial check deposits and had not been signed by [Licensee]. [Licensee] and other clinical technicians that normally provide these documents to patients were unaware this had occurred. The receptionist was later disciplined for her decision making and actions related to this situation.

On September 19, 2024, our receptionist attempted to contact [Patient's] mother to set up an appointment to see an ophthalmologist. An appointment was made.

On October 1, 2024, NV EYE called the office manager at [Licensee's clinic] and informed her that NV EYE would not see [Patient] due to her age.

[Patient] was then given a STAT appointment to attend an ophthalmology consult at Meadows Eye.

Therefore, when the patient and claimant attended the ophthalmology visit at Meadows Eye on or about October 3, 2024, the clinical team there informed the patient that the copy of the patient's glasses prescription she had been given on September 12, 2024, was inaccurate. At this point approximately only 2 weeks had passed since the claimant was provided with the erroneous copy of the glasses prescription. During [Patient's] visit at Meadows Eye her best corrected vision was found to be OD: 20/60 and OS: 20/70. Ophthalmologist Dr Kevin Firl was not able to confirm an etiology for the patient's decreased acuity, but he planned to consult a retinal specialist.

On or about November 26, 2024, following the Thanksgiving Holiday claimant requested another copy of her daughter's glasses prescription. At this time a prescription copy with the accurate prescription provided by [Licensee] was emailed to the claimant.

On or about December 23, 2024, just before the Christmas Holiday, claimant supposedly contacted the office, but it is not logged into the communication log, so we are unsure of this event or who informed the patient to send an email. She states she was advised to send an email to [licensee's business email address]. The office was not fully staffed due to the holiday schedule and time off requests. Also, [Licensee] was on vacation until approximately. January 14, 2025.

Unfortunately, the email had gone to a junk email box and neither [Licensee] nor the staff were aware of this email.

Sometime in January 2025 while [Licensee] was on holiday, the claimant contacted the office inquiring about why there had been no further communication. The claimant was advised the best course of action due to the complexity of her daughter's case was to have a consult with [Licensee] due to the issues with communication there would be no charge. [Patient's] guardian refused this offer to schedule a consult.

Until this notification from the Nevada State Board of Optometry there has been no further communication or emails by claimant to attempt to resolve her concerns or address this situation.

To ensure that we properly address the concerns of the board we will review again the following:

- **Complaint:** On or about August 1, 2024, the patient was having vision problems which were later aggravated due to an incorrect glasses Rx of OD: -3.50-0.25x176, OS: -5.50 -0.25 x 084. **Answer:** At the visit on August 1, 2024, the patient was given an accurate pair of glasses and prescription. It was not until September 12, 2024, when the claimant requested a copy of [Patient's] glasses prescription was an erroneous prescription copy given by a receptionist that should not have been provided to the claimant. This occurred due to a transcription/transfer error by the receptionist of which [Licensee] had no knowledge until the board complaint that this occurred. Subsequently, an accurate copy of the glasses prescription was given by the receptionist in an email that was sent November 26, 2024.
- **Complaint:** The patient presented to a different optometrist who issued glasses Rx of OD: -0.75 sph., OS: +0.75 sph. **Answer:** Based on prior exam and consistent manifest refraction results the prescription provided by a different optometrist is most likely inaccurate as the patient suffers from latent hyperopia and it is unlikely the accurate refraction results given by [Licensee] at the August 1, 2024, exam had changed.

Complaint: On or about December 17, 2024, the patient presented to an ophthalmologist who noted your 8/1/2024 glasses Rx is "really different compared to the new glasses Rx" and the patient stated she is better with the new glasses Rx. **Answer:** To our office's knowledge, the ophthalmology visit occurred on or about October 3, 2024, only 2 weeks after the guardian was given an inconsistent copy of [Patient's] prescription. Regardless, [Patient] should have still had her glasses from August 1, 2024, made with the accurate prescription.

- **Complaint:** The claimant contacted your office and was instructed to send an email to [licensee's business email address] which was sent on December 23, 2024, but has not heard anything back. **Answer:** This phone call is not logged into the communication log so we are unsure of this event or who advised the claimant. She states she was advised to send an email to [licensee's business email address]. The office was not fully staffed due to the holiday schedule and time off requests. Also, [Licensee] was on vacation until approximately January 14, 2025.

The team at [Licensee's business] and [Licensee] have acted with professionalism and provided personalized care for [Patient] throughout her association with the clinic. [Patient's] condition is a complex situation which has been triaged properly but understandably the claimant is frustrated with the condition of her daughter and the process. Unfortunately, due to non-compliance with follow-ups since 2021 and prescribed treatment plans, [Patient's] case is even more difficult to properly address.

The grounds for the complaint result from a transcription/transfer error one time by the receptionist. [Licensee] was not directly involved in that interaction, nor did he have any knowledge that this occurred. Additionally, the office attempted to schedule a free consultation with [Licensee] in order to address her concerns and this was refused. Based on this fact alone and all the efforts made by [Licensee] in this case, which can be seen by examination of the medical records, he did not professionally violate NRS 636 or NAC 636, and there are no particular facts to indicate otherwise. Therefore, rather than unnecessarily usurp the attentions and resources of the board, the Respondent proposes that this complaint should be dismissed, so that the misunderstanding can be addressed and communication can resume between [Licensee] and the claimant to assist in caring for claimant's daughter and addressing any of claimant's concerns.

Further, if we can provide any additional information, answer any questions, or be of service to the board in any way, please do not hesitate to ask.

Sincerely,

[Licensee]
[Licensee's business]

Chart: ,

Provider: Dr.

Visit: 11/15/2021 3:50PM

Chart:

Auto-Refraction OD -1.00/-0.25 X 21

Auto-Refraction OS +1.00/-0.25 X 86

Subjective OD -0.50

Subjective OS +0.50

FINAL RX OD HOLD RX

ANTERIOR SEGMENT

Lids/LashesOD clear

ConjunctivaOD clear

CorneaOD clear

IrisOD intact

A/COD d+q

LensOD clear

Lids/LashesOS clear

Conjunctiva OS clear

Cornea OS clear

IrisOS intact

A/COS d+q

LensOS clear

Tonometry OD :11/15/2021 03:50PM 14 iCARE mmHg.

Tonometry OS 11/15/2021 03:50PM 10 iCARE. mmHg.

POSTERIOR SEGMENT

C/D OD 0.55

Vitreous OD clear

ONHOD pink, distinct and healthy

Macula OD flat and intact

Vasculature OD normal caliber

PeripheryOD no holes/tears 360

C/D OS 0.45

Provider: Dr.

Visit: 11/15/2021 3:50PM

Chart:

Vitreous OS clear

ONHOS pink, distinct and healthy

MaculaOS flat and intact

Vasculature OS normal caliber

PeripheryOS no holes/tears 360

ASSESSMENT/PLAN

Ocular Health Good

Patient educated on symptoms of RD: flashes of light, floaters in vision or curtain in vision and to RTC ASAP if onsets.

1. HOLD SPEC RX TODAY

- RTC IN 3 MONTHS FOR COLORVISION ,ERG,OCT ONH

2. ANISOMATROPIA

Recall Period: RTC IN 3 MONTHS FOR COLORVISION ,ERG,OCT ONH. Reason for Visit: Medical Recheck

Chief Complaint: REFERRED BY PCP FOR VISION EVAL FOR BLURRY VISION-OU NOTICED DIFFICULTY SEEING WHITE BOARD AT SCHOOL

History of Present Illness:

- Describes the location to be Both Eyes
The quality of pain is described as blurry, watering WATERY -OU- and a severity / intensity level of 1 out of 10
This duration of the problem stated is as follows: steady
Patient explains the timing/onset of signs/symptoms to be continuous.
The patient states signs and symptoms occurred at rest
The signs and symptoms described abated on their own
Modifying Factors Comments include: SCREEN TIME: 3HRS
LEE: YRS

Assessment:

Type	Code	Description
ICD-10-CM Condition	H53.8	Other visual disturbances
ICD-10-CM Condition	R42	Dizziness and giddiness
ICD-10-CM Condition	H53.023	Refractive amblyopia, bilateral
ICD-10-CM Condition	H40.021	Open angle with borderline findings, high risk, right eye
ICD-10-CM Condition	H47.211	Primary optic atrophy, right eye
ICD-10-CM Condition	H52.13	Myopia, bilateral
ICD-10-CM Condition	H52.223	Regular astigmatism, bilateral

Plan:

Type	Code	Modifiers	Quantity	Description
CPT	99204		1.00 UN	OFFICE O/P NEW MOD 45 MIN
CPT	92015		1.00 UN	DETERMINE REFRACTIVE STATE
CPT	92250		1.00 UN	FUNDUS PHOTOGRAPHY W/I&R

Physical Exam:

VISUAL ACUITY

DVA sc OD 20/100

Provider: Dr.

Visit: 05/18/2023 2:00PM

Chart: C

DVA sc OS 20/150

EXTERNALS

DCT 2 ESOPHORIA W/O RX

NCT ORTHO

EOM Full and Smooth

Pupils PERRL/APD (-)

CVF FTFC OD + OS

Stereo fusion:WNL.

REFRACTION

Keratometry OD 45.00/44.50*176

Keratometry OS 45.50/44.75*103

Auto-Refracton OD -2.00/-0.50*53

Auto-Refracton OS -3.00/-0.25*114

Dry Retinoscopy OD +0.50

Dry Retinoscopy OS +2.00

Subjective OD PLANO **VA OD** 20/30

Subjective OS +1.25 **VA OS** 20/40

FINAL RX OD PLANO

FINAL RX OS +1.25

ANTERIOR SEGMENT

Lids/LashesOD clear

ConjunctivaOD clear

CorneaOD clear

IrisOD intact

A/COD d+q

LensOD clear

Lids/LashesOS clear

Conjunctiva OS clear

Provider: Dr.

Visit: 05/18/2023 2:00PM

Chart:

Cornea OS clear

Iris OS intact

A/COS d+q

Lens OS clear

Tonometry OD :05/18/2023 02:00PM 16 iCARE mmHg.

Tonometry OS 05/18/2023 02:00PM 16 iCARE. mmHg.

POSTERIOR SEGMENT

C/D OD 0.55

Vitreous OD clear

ONHOD pink, distinct and healthy

Macula OD flat and intact

Vasculature OD normal caliber

PeripheryOD no holes/tears 360

C/D OS 0.4V X 0.5 H

Vitreous OS clear

ONHOS pink, distinct and healthy

MaculaOS flat and intact

Vasculature OS normal caliber

PeripheryOS no holes/tears 360

ASSESSMENT/PLAN

Ocular Health Good

Patient educated on symptoms of RD: flashes of light, floaters in vision or curtain in vision and to RTC ASAP if onsets.

1. ANISOMETROPIA WITH HYPEROPIA AND SYMPTOMS OF VERTIGO AND BLURRY VISION

- RTC IN 2 MONTHS FOR COLORVISION ,ERG,OCT ONH , VF

2. AMBLYOPIA UNSPECIFIED OU

- ASSESS BCVA AT F/U FOR IMPROVEMENT

3. HYPEROPIA OU WITH MILD ESOPHORIA AND LATENT RX

- RELEASE SPEC RX FOR FULL TIME WEAR

4. OPTIC ATROPHY OD >OS

Provider: Dr.

Visit: 05/18/2023 2:00PM

Chart: C

- ORDER IMAGING TODAY

Recall Period: RTC IN 2 MONTHS FOR RTC IN 2 MONTHS FOR COLORVISION ,ERG,OCT ONH , VF. Reason for

Visit: Medical Recheck

Provider: Dr. _____

Visit: 05/18/2023 12:10PM

Chart: 

Chief Complaint: GLASSES ORDER

Review of Systems:

?OPTICAL ORDER FORM

Order date 05/18/2023

Phone# EAST

Insurance Plan/ Auth # EYEQUEST

Frame Name/ Type/ Cost/ V2020: LAUREN / ZYL / 150.00

Frame Color/ Measurements: RED-IN-LINE / 54-16-145

Lens Type SV V2100

Lens Material POLY V2784

OD RX: PLANO

Seg Height OD/OS: 30/30

Distance PD 28.5/28.5

Provider: Dr.

Visit: 07/20/2023 11:30AM

CHANDLER, J.

Chief Complaint: REFERRED BY PCP FOR VISION EVAL FOR BLURRY VISION-OU NOTICED DIFFICULTY SEEING WHITE BOARD AT SCHOOL

History of Present Illness:

describes the location to be Both Eyes

The quality of pain is described as watering and a severity / intensity level of 1 out of 10

This duration of the problem stated is as follows: steady

Patient explains the timing/onset of signs/symptoms to be continuous.

Assessment:

Type	Code	Description
ICD-10-CM Condition	R42	Dizziness and giddiness
ICD-10-CM Condition	H53.023	Refractive amblyopia, bilateral
ICD-10-CM Condition	H40.021	Open angle with borderline findings, high risk, right eye
ICD-10-CM Condition	H47.211	Primary optic atrophy, right eye

Plan:

Type	Code	Modifiers	Quantity	Description
CPT	99214		1.00 UN	OFFICE O/P EST MOD 30 MIN
CPT	92083		1.00 UN	EXTENDED VISUAL FIELD XM
CPT	92250		1.00 UN	FUNDUS PHOTOGRAPHY W/I&R
CPT	92273		1.00 UN	FULL FIELD ERG W/I&R
CPT	92133		1.00 UN	CPTRZD OPH DX IMG PST SGM ON

Physical Exam:

VISUAL ACUITY

DVA sc OD 20/50

DVA sc OS 20/80

EXTERNALS

DCT 2 ESOPHORIA W/O RX

NCT ORTHO

EOM Full and Smooth
Pupils PERRL/APD (-)
CVF FTFC OD + OS
Stereo fusion:WNL.

REFRACTION
Kerotomy OD 45.00/44.50*176
Kerotomy OS 45.50/44.75*103
Auto-Refract OD -2.00/-0.50*53
Auto-Refract OS -3.00/-0.25*114
Dry Retinoscopy OD +0.50
Dry Retinoscopy OS +2.00
Subjective OD PLANO VA OD 20/30
Subjective OS +1.25 VA OS 20/40

ANTERIOR SEGMENT
Lids/LashesOD clear
ConjunctivaOD clear
CorneaOD clear
IrisOD intact
A/COD d+q
LensOD clear

Lids/LashesOS clear
Conjunctiva OS clear
Cornea OS clear
IrisOS intact
A/COS d+q
LensOS clear

Tonometry OD :07/20/2023 11:30AM 16 iCARE mmHg.
Tonometry OS 07/20/2023 11:30AM 16 iCARE. mmHg.
Ophthalmoscopy: DO, 90D.

POSTERIOR SEGMENT

C/D OD 0.55
Vitreous OD clear
ONHOD pink, distinct and healthy
Macula OD flat and intact
Vasculature OD normal caliber
PeripheryOD no holes/tears 360

C/D OS 0.4V X 0.5 H
Vitreous OS clear
ONHOS pink, distinct and healthy
MaculaOS flat and intact
Vasculature OS normal caliber
PeripheryOS no holes/tears 360

ASSESSMENT/PLAN

Ocular Health Good
Patient educated on symptoms of RD: flashes of light, floaters in vision or curtain in vision and to RTC ASAP if onsets.

1. ANISOMETROPIA WITH HYPEROPIA AND SYMPTOMS OF VERTIGO
- REFFER TO DR. DEBRY TO GET NUEROLOGIST REFFERAL

2. AMBLYOPIA OU ORDERED COLOR VISION AND ERG TODAY . ERG WAS WNL TODAY . COLOR VISION WAS OVERALL DEPRESSED OU
- RECHECK MR AT F/U

3. HYPEROPIA OU WITH MILD ESOPHORIA AND LATENT RX
- CONT CHILDREN'S MULTIVITAMIN PO QD

4. OPTIC ATROPHY OD >OS ORDERD VF, OCT OF ONH, IOP CHECK AND RETINAL IMAGING TODAY . IOP WAS WNL . VF SHOWE D OVERALL DEPRESSION OD, ACUATE DEPRESSION OS . OCT SHOWED HEALTH GCC AND RNFL

- MONITOR EVERY 4 MOS Reason for Visit: Medical Recheck

ONH/GCC Symmetry Analysis Report

Patient:

Physician:

Operator:

Disease:

Gender: Female

ID:

Exam Date: 07/20/2023

DOB(age): (12)

Ethnicity:

Algorithm Ver: A12017, 0, 0, 31

Right / OD

Nerve Fiber ONH/GCC OU Report

Exam Date: 2023-07-20

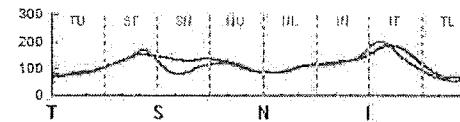
Exam Time: 09:49:31 Good: 65 Scan Quality Index Good: 74 Exam Time: 09:51:05

RNFL Summary Parameters

RNFL Analysis (μm)	OD	OS	Inter Eye Diff
Avg RNFL Thickness	112	104	8
Avg Superior RNFL	112	101	11
Avg Inferior RNFL	113	108	5
Intra Eye Diff (S-I)	-1	-7	N/A

ONH Analysis	OD	OS	Inter Eye Diff
Area C/D	0.45	0.41	0.04
V. C/D	0.62	0.60	0.02
H. C/D	0.79	0.73	0.06
Rim Area (mm ²)	1.58	1.42	0.16
Disc Area (mm ²)	2.89	2.39	0.50
Cup Vol (mm ³)	0.426	0.251	0.175

TSNIT NDB Reference

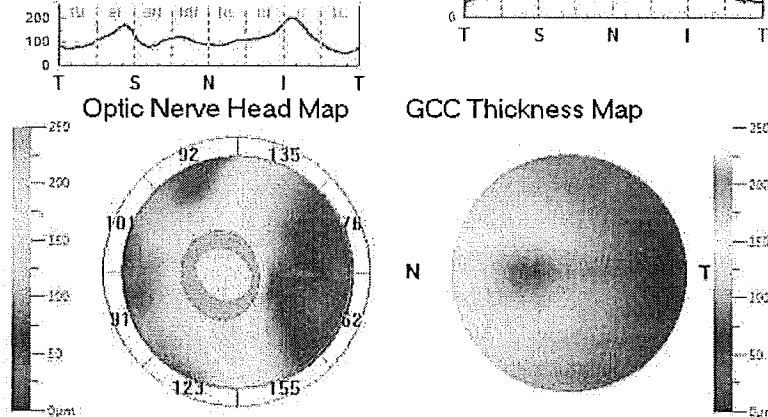
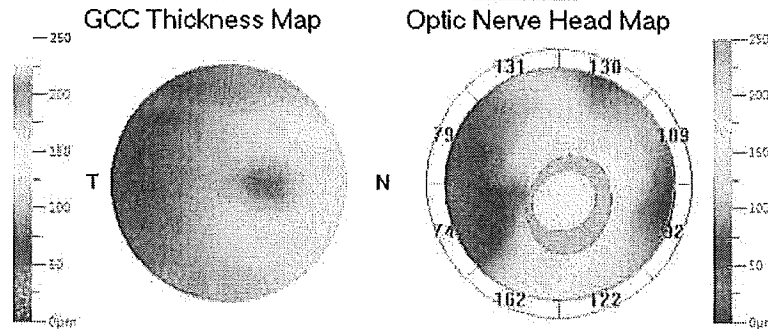


GCC Summary Parameters

GCC Avg (μm)	OD	OS	Inter Eye Diff
Total	98	99	-1
Superior	96	98	-2
Inferior	101	100	1
Intra Eye Diff (S-I)	-5	-2	N/A
FLV (%)	N/A	N/A	N/A
GLV (%)	N/A	N/A	N/A

* No NDB comparison for patient age < 18 on exam date

Left / OS



Exam Time: 09:53:06 Good: 69 Scan Quality Index Good: 63 Exam Time: 09:52:44

Report Date: Thursday 07/20/2023 09:56:23

Software Version: 2017.0.0.31

Comment:

Signature:

Defining the OCT Revolution

optovue

Device Information

RETeval™

Serial number: R001403

Test protocol: ISCEV Photopic flash/flicker and PhNR Td

Manufacturer: LKC Technologies, Inc.

Firmware version: 2.9.4 Reference data: 2018.21 9a54517

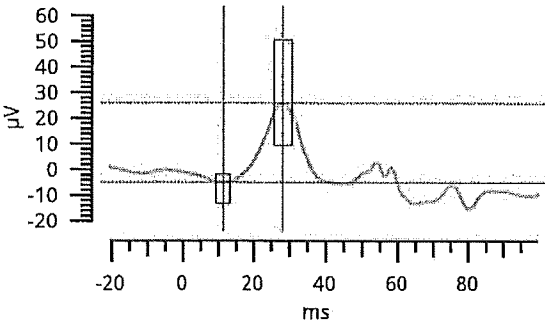
Electrodes: Sensor Strips



Test #1: Flash: 85 Td-s, Chromaticity (0.33, 0.33) at 2 Hz Background: 850 Td, Chromaticity (0.33, 0.33)

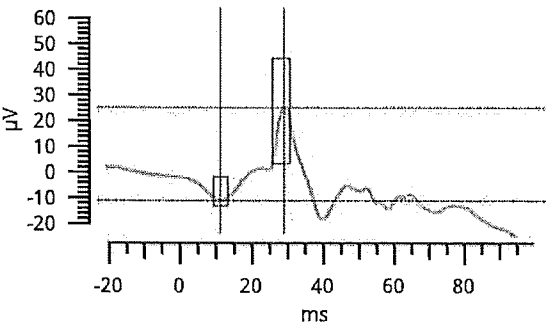
Right Eye (Pupil 2.1 mm)

a-wave		b-wave	
ms	μV	ms	μV
9.3 ↔ 13.2	-1.6 ↔ -13.1	25.7 ↔ 30.7	14.4 ↔ 55.6
11.3 (53%)	-4.7 (19%)	28.1 (53%)	30.8 (45%)



Left Eye (Pupil 2.2 mm)

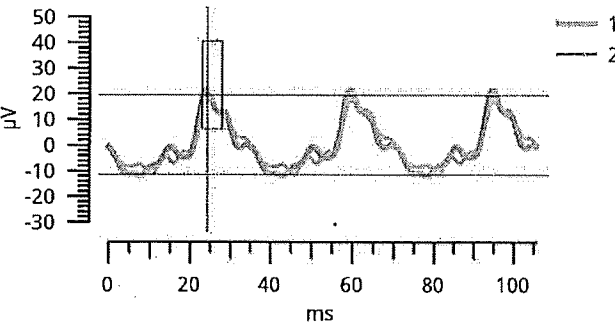
a-wave		b-wave	
ms	μV	ms	μV
9.3 ↔ 13.2	-1.6 ↔ -13.1	25.7 ↔ 30.7	14.4 ↔ 55.6
11.2 (49%)	-10.9 (93%)	29.0 (77%)	36.2 (65%)



Test #2: Flash: 85 Td-s, Chromaticity (0.33, 0.33) at 28.3 Hz Background: 850 Td, Chromaticity (0.33, 0.33)

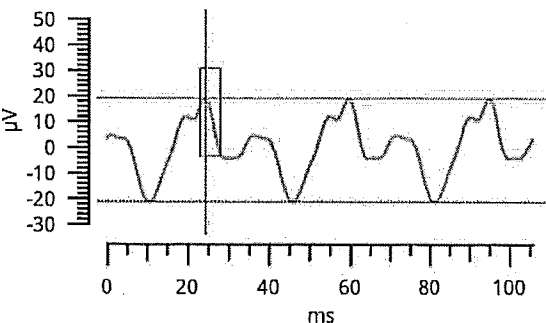
Right Eye (Pupil 1.7 mm)

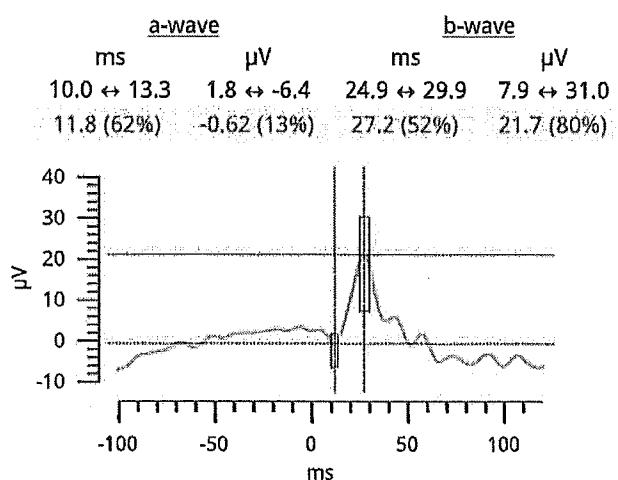
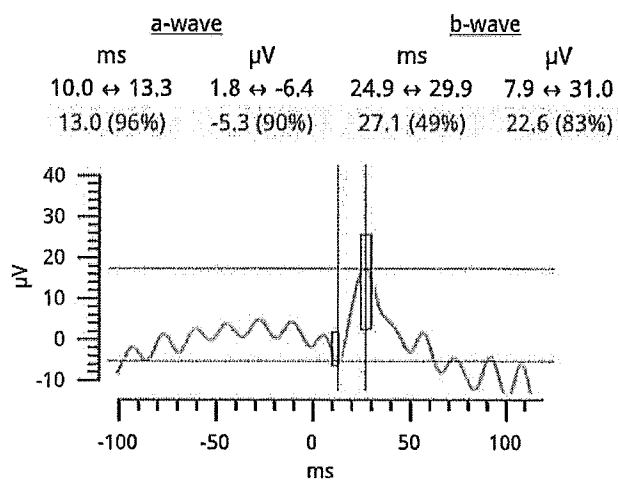
ms		μV	
23.0 ↔ 27.9		17.9 ↔ 52.1	
1	24.1 (25%)	33.5 (59%)	
2	24.5 (42%)	28.7 (35%)	
	24.3 (32%)	31.1 (45%)	



Left Eye (Pupil 1.9 mm)

ms		μV	
23.0 ↔ 27.9		17.9 ↔ 52.1	
	24.3 (36%)	40.4 (83%)	





Photopic Negative Response

PhNR at 72 ms			PhNR at minimum		
μV	P-ratio ¹	ms	μV	W-ratio ¹	
1.5 ↔ -11.6	-0.09 ↔ 0.86	56 ↔ 100	-1.3 ↔ -13.6	0.98 ↔ 1.53	
-4.8 (65%)	0.28 (52%)	100 (97%)	-14.0 (98%)	1.39 (92%)	

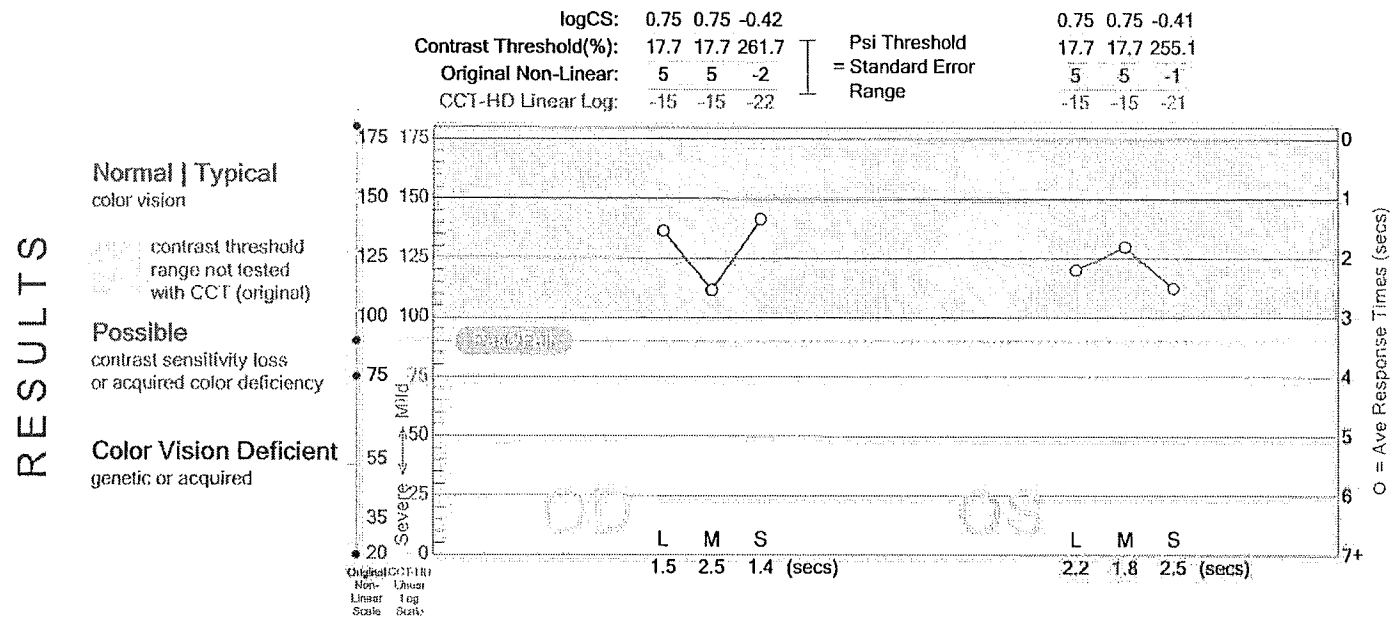
PhNR at 72 ms			PhNR at minimum		
μV	P-ratio ¹	ms	μV	W-ratio ¹	
1.5 ↔ -11.6	-0.09 ↔ 0.86	56 ↔ 100	-1.3 ↔ -13.6	0.98 ↔ 1.53	
-3.5 (44%)	0.17 (29%)	100 (97%)	-6.1 (56%)	1.25 (73%)	

¹P-ratio = $-p_{72}/b$ as described in Preiser (2013)
W-ratio = $(b - p_{min}) / (b - a)$ which is the reciprocal of "PTR" as described in Mortlock (2010)
where a, b, p_{72} , and p_{min} are the voltages relative to baseline defined as
a: a-wave peak, b: b-wave peak, p_{72} : voltage at 72 ms, and p_{min} : the minimum of the PhNR wave.

CCT^{HD}TM

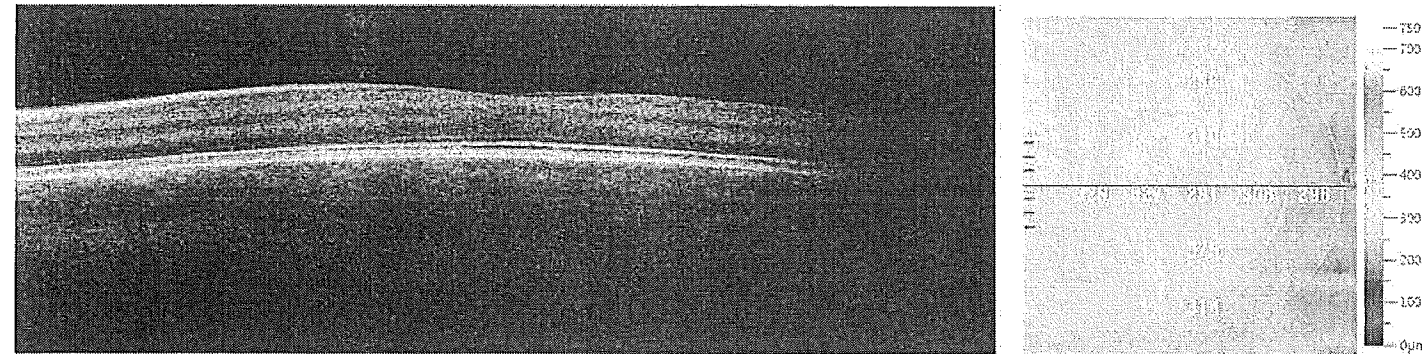
		Psi		Ave		Original	CCT-HD	
	Cone	Threshold	Trials	Time	LogCS	Non-linear	Linear Log	Category ¹
OD	Red L	17.7%	30	1.5	0.75	5	-15	Deficient (Protan)
	Green M	17.7%	30	2.5	0.75	5	-15	Deficient
	Blue S	261.7%	30	1.4	-0.42	-2	-22	Deficient (Tritan)
OS	Red L	17.7%	30	2.2	0.75	5	-15	Deficient
	Green M	17.7%	30	1.8	0.75	5	-15	Deficient (Deutan)
	Blue S	255.1%	30	2.5	-0.41	-1	-21	Deficient (Tritan)

¹Cut-off criteria are physician-selected from Original CCT[®], or user input score method ranges and corresponding assigned categories.



Exam Date: 07/20/2023
DOB(age): (12)
Ethnicity:
Algorithm Ver: Ai2017, 0, 0, 31

6.00 x 6.00 Scan Size (mm)



* No NDR comparison for patient age < 18 on exam date



Patient: .

DOB: 07/30/2024

Sex: F

Provider: Dr

Visit: 07/30/2024 11:30AM

Chart: .

Chief Complaint: Material Order

Review of Systems:

?OPTICAL ORDER FORM
Order date 07/30/2024
Phone# EAST
Insurance Plan/ Auth # EYEQUEST
Frame Name/ Type/ Cost/ V2020: THAW / ZYL / 150.00
Frame Color/ Measurements: BLK-CLEAR / 50-20-140
Lens Type SV V2100
Lens Material POLY V2784
Lens Coatings/Tint/Cost: AR (D) \$140.00 V2750
OD RX: PL
OS RX: +1.25
Seg Height OD/OS: 34/34
Distance PD 31/32
Patient Paid After Insurance: 85.00
Patient BAL\$: 0.00

PATIENT RX DETAILS

Phone: [REDACTED] Fax: [REDACTED]

PATIENT NAME: [REDACTED]

DATE PRESCRIBED: 07/30/2024

	SPHERE	CYL	AXIS	PRISM	BASE	ADD	
OD	PL						
OS	+1.25						

- ☐ Constant Wear
☐ Distance Only
☒ Near Only
☐ Computer
- ☐ Plastic
☒ Polycarb
☐ High-Index
- ☐ UV Protection
☐ Transition
☐ Anti-Reflective
- ☐ Scratch Resistant
☐ Polarized
☒ Tint

Notes:

	Name of CL	Sphere	CYL	AXIS	BC	DIA	PC/IC
OD							
OS							

- ☐ Daily Wear
☐ Extended Wear
- ☐ Daily Replacement
☐ 2 Week Replacement
☐ 4 Week Replacement

Warning: Remove your contact lenses immediately if:

- 1) You develop foggy or cloudy vision
- 2) You develop pain or redness
- 3) You experience a decrease in vision that does not clear up
- 4) You suspect something is wrong

OD #

***Prescription expires one year after the prescribed date unless otherwise noted

Chief Complaint: BLURRY VISION AND GETTING HEADACHES DAILY

History of Present Illness:

describes the location to be Both Eyes, Head
The quality of pain is described as watering PT ALSO GETTING DIZZINESS DAILY and a severity / intensity level of 1 out of 10
This duration of the problem stated is as follows: steady
Patient explains the timing/onset of signs/symptoms to be continuous.
Modifying Factors Comments include: SCREEN TIME: 8 HOURS
LEE:1 YEAR AGO

Assessment:

Type	Code	Description
ICD-10-CM Condition	R42	Dizziness and giddiness
ICD-10-CM Condition	H53.023	Refractive amblyopia, bilateral
ICD-10-CM Condition	H40.021	Open angle with borderline findings, high risk, right eye
ICD-10-CM Condition	H47.211	Primary optic atrophy, right eye

Plan:

Type	Code	Modifiers	Quantity	Description
CPT	99214		1.00 UN	OFFICE O/P EST MOD 30 MIN

Physical Exam:

VISUAL ACUITY

DVA sc OD 20/50
DVA sc OS 20/80

EXTERNALS

DCT 2 ESOPHORIA W/O RX
NCT ORTHO

EOM Full and Smooth
Pupils PERRL/APD (-)
CVF FTFC OD + OS
Stereo fusion:WNL.

REFRACTION

Keratometry OD 44.87/44.37*158
Keratometry OS 45.37/44.62*105
Auto-Refracton OD -3.50/-0.25*176
Auto-Refracton OS -5.50/-0.25*084
Dry Retinoscopy OD +0.25
Dry Retinoscopy OS +1.25
Subjective OD PLANO VA OD 20/40
Subjective OS +1.25 VA OS 20/40

ANTERIOR SEGMENT

Lids/LashesOD clear
ConjunctivaOD clear
CorneaOD clear
IrisOD intact
A/COD d+q
LensOD clear

Lids/LashesOS clear
Conjunctiva OS clear
Cornea OS clear
IrisOS intact
A/COS d+q
LensOS clear

Tonometry OD :08/01/2024 09:10AM 17 iCARE mmHg.
Tonometry OS 08/01/2024 09:10AM 17 iCARE. mmHg.
Ophthalmoscopy: DO, 90D.

POSTERIOR SEGMENT

C/D OD 0.55
Vitreous OD clear
ONHOD pink, distinct and healthy
Macula OD flat and intact
Vasculature OD normal caliber
PeripheryOD no holes/tears 360

C/D OS 0.4V X 0.5 H
Vitreous OS clear
ONHOS pink, distinct and healthy
MaculaOS flat and intact
Vasculature OS normal caliber
PeripheryOS no holes/tears 360

ASSESSMENT/PLAN

Ocular Health Good
Patient educated on symptoms of RD: flashes of light, floaters in vision or curtain in vision and to RTC ASAP if onsets.

1. ANISOMETROPIA WITH HYPEROPIA AND SYMPTOMS OF VERTIGO. PT NEVER FOLLOWED UP WITH NEUROLOGIST OR DR DEBRY
- ORDER MRI TODAY AND CT SCAN TO R/O OTHER PATHOLOGIES

2. AMBLYOPIA OUERG WAS WNL AT PRIOR VISITS AND COLOR VISION WAS OVERALL DEPRESSED AT PRIOR VISITS OU
- RECHECK MR AT F/U

3. HYPEROPIA OU WITH MILD ESOPHORIA AND LATENT RX
- SCREEN SHEILD PRO PO QD

4. OPTIC ATROPHY OD >OS ORDERD VF, OCT OF ONH, IOP CHECK AND RETINAL IMAGING TODAY . IOP WAS WNL . VF SHOWE DOVERALL DEPRESSION OD, ACUATE DEPRESSION OS . OCT SHOWED HEALTH GCC AND RNFL .
- MONITOR EVERY 4 MOS

Recall Period: 6 WEEKS. Reason for Visit: Medical Recheck

PATIENT RX DETAILS

Phone _____ - Fax _____

PATIENT NAME: _____

DATE PRESCRIBED: 8/1/2024

	SPHERE	CYL	AXIS	PRISM	BASE	ADD		
OD	-3.50	-0.25	176					
OS	-5.50	-0.25	084					

- ☒ Constant Wear ☐ Plastic ☐ UV Protection ☒ Scratch Resistant
☐ Distance Only ☐ Polycarb ☐ Transition ☐ Polarized
☐ Near Only ☐ High-Index ☐ Anti-Reflective ☐ Tint
☐ Computer

Notes: _____

	Name of CL	Sphere	CYL	AXIS	BC	DIA	PC / IC
OD							
OS							

- ☐ Daily Wear ☐ Daily Replacement
☐ Extended Wear ☐ 2 Week Replacement
☐ 4 Week Replacement

Warning: Remove your contact lenses immediately if:

- 1) You develop foggy or cloudy vision
- 2) You develop pain or redness
- 3) You experience a decrease in vision that does not clear up
- 4) You suspect something is wrong

OD # _____

***Prescription expires one year after the prescribed date unless otherwise noted

SDMI #: 1750711
Pt. DOB:
Pt. Sex: Female
Date of Service: 08/23/24
SDMI Location: MP

Dr. Fax:
Dr. Phone:
Dr. Addr.:
Cc:
Cc:

MRI BRAIN ORBITS WITH AND WITHOUT IV CONTRAST

CLINICAL HISTORY:

Dizziness. Headaches. Visual disturbance.

COMPARISON:

No Comparisons.

TECHNIQUE:

T1 sagittal, T2 axial, FLAIR axial and post gadolinium axial T1 images were obtained. Diffusion weighted imaging was also obtained.

10 cc of Guerbet Dotarem contrast from a 10 mL pre-filled syringe was administered intravenously. Includes high-resolution postcontrast fat-sat axial and coronal sequences through the orbits.

FINDINGS:

Globes obscured by magnetic susceptibility artifact. No significant proptosis.

Lacrimal glands look symmetric. Enhanced extraocular muscles within normal limits. No retro-orbital mass. No evidence of optic neuritis. The pituitary gland is not enlarged. The stalk is located near the midline. No suprasellar disease. No impingement on the chiasm or hypothalamus.

There is no restricted diffusion. There are no enhancing lesions. The gray and white matter signal is normal and the brain looks well-preserved for age. The ventricles and sulci are normal in size for age. The T2 flow voids appear normal. No intra-axial or extra-axial fluid collections or hemorrhage. No midline shift. No mass effect. The basal cisterns are patent. The orbits are normal. Minimal mucosal thickening in the paranasal sinuses.

IMPRESSION:

Insofar as visualized enhanced orbits and brain within normal limits.

Read by: David R Mirich, MD 8/27/2024 8:30 AM

Document approved by: David Kuo D.O. Date: 08/27/2024 8:33 AM

Physician Access To Images and Reports Is Available Online at www.sdmi-lv.com

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Recorded by Madeleine Munninger at 11/15/2021 8:59AM. Call lasted 0 minutes

Appointment: [192805559] 11/15/21 15:50 , : BLURRY VISION - NEVER WORN GLS BEFORE

Provider: Dr. l . **Type:** —, **Title:** Appt

Message: pt mom confirmed -cdr

Recorded by Madeleine Munninger at 05/25/2023 9:27AM. Call lasted 5 minutes

Provider: Dr. L . **Type:** —, **Title:** gls ready

Message: left spanish vm - gls are at east

Recorded by Madeleine Munninger at 07/17/2023 11:36AM. Call lasted 0 minutes

Provider: Dr. _ . **Type:** —, **Title:** APPT

Message: PT MOM CONFIRMED-CDR

Recorded by Madeleine Munninger at 08/08/2024 12:33PM. Call lasted 5 minutes

Provider: Dr. _ . **Type:** —, **Title:** LAST DR'S NOTES

Message: LAST DR'S NOTES WERE FAXED TO STEINBERG DIANOSTIC IMAGING . . NM

Recorded by Madeleine Munninger at 09/11/2024 11:49AM. Call lasted 0 minutes

Appointment: [320067511] 09/12/24 10:20 Medical Testing

Provider: Dr. _ . , **Type:** —, **Title:** canceled appt by sr

Message: called to cancel but was unable to reach anyone. no vm option so texted pts through solution reach - sr

Recorded by Nora Marrinez at 09/19/2024 10:46AM. Call lasted 5 minutes

Provider: Dr. . **Type:** —, **Title:** 702 825-2085

Message: l/vm to make appt for at the location any day after 3. nm

Recorded by Nora Marrinez at 09/19/2024 12:16PM. Call lasted 5 minutes

Provider: Dr . , **Type:** —, **Title:** 702 852-5743

Message: fax number was confirmed and , were faxed over for potential pt. nm

Recorded by Nora Marrinez at 09/19/2024 2:51PM. Call lasted 5 minutes

Provider: Dr. , **Type:** —, **Title:** spoked with hilda

Message: . Mom she has being inform Nv Eye will contact her if will be seen there. nm

Recorded by Madeleine Munninger at 10/01/2024 3:41PM. Call lasted 5 minutes

Provider: Dr. , **Type:** —, **Title:** 702-896-6043

Message: EYE

Recorded by Madeleine Munninger at 10/01/2024 3:41PM. Call lasted 5 minutes

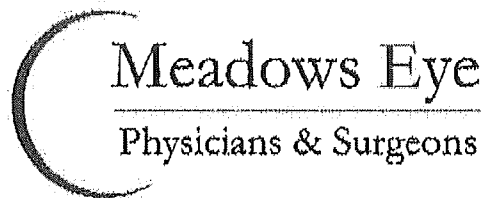
Provider: Dr. , **Type:** —, **Title:** 702-731-2088

Message: EYE

Recorded by Madeleine Munninger at 10/01/2024 3:44PM. Call lasted 5 minutes

Provider: Dr. , **Type:** —, **Title:** Nv Eye

Message: Kelly called stating Nv eye only sees patients over the age of 18 and gave me info in there sister companys where we can refer her too will let dr. know once he tell us where to send her will call mom -ac



Dr. Kevin Firl
Meadows Eye Physicians & Surgeons
8535 Edna Ave
Las Vegas, NV 89117

10/3/2024

NV
Fax number:

CC: Dr. SHARMA

Re: D.O.B.:

Dear Dr.

We had the pleasure to evaluate [redacted] in our office today. The following is the assessment and plan for today's visit. Please call my office if you would like a complete record of today's visit. It is a pleasure to participate in [redacted]'s care.

Visual Acuity (distance): CC OD 20/60 OS 20/70, SC OD 20/70 OS 20/100, PH OD 20/NL OS 20/NL.

Intraocular Pressure:
- 2:46pm: OD 15 OS 15

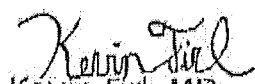
Decreased visual acuity OU

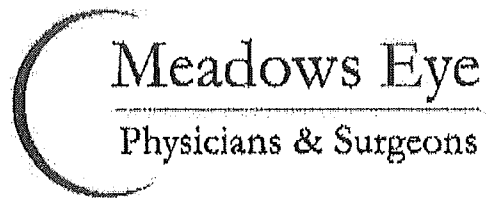
- BCVA at Dr. [redacted]'s office 20/40 each eye
- today's BCVA approximately 20/60 each eye
- OCT mac with attenuated foveal contour concerning for foveal hypoplasia
- asymmetric c/d w/o significant thinning on OCT rNFL
- MRI brain/orbits w/ and w/o contrast unremarkable (report in archived files)

Plan:

- Will discuss retinal imaging w/ retina colleagues
- Continue full-time glasses wear for anisometropia
- Request records from Dr. [redacted]
- FU in 1 mo for repeat VA check and HVF 24-2 SFR OU

Most respectfully,


Kevin Firl, MD



Dr. Charles Calvo

Meadows Eye Physicians & Surgeons

1820 E Desert Inn Rd

Las Vegas,
NV
89169

11/25/2024

Dr. _____

NV

Fax number: _____

CC: Dr. SHARMA

Re: _____, D.O.B. _____

Dear Dr. _____,

We had the pleasure to evaluate _____ in our office today.
The following is the assessment and plan for today's visit.
Please call my office if you would like a complete record of today's visit.
It is a pleasure to participate in _____'s care.

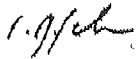
Visual Acuity (distance): CC OD 20/125 OS 20/125, PH OD 20/Nl OS 20/Nl. Intraocular
Pressure:- 1:54pm: OD 14 OS 13

Vision loss, both eyes

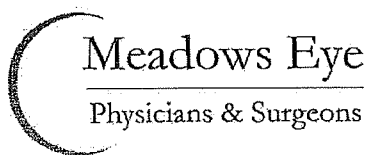
- unclear etiology. Visual acuity has waxed and waned.
- MRI brain/orbits with contrast: unremarkable, no evidence of optic neuritis or mass.
- HVF showing four-leaf clover in OD - likely demonstrating poor test or attention

OCT of macula showing normal physiologic contour and normal IS/OS. No identifiable cause for vision loss. Patient affect is blunted and does not respond normally to questions. I reassured patient and parents that exam looks good and her vision should improve. I recommend repeat HVF and near vision testing. For distance vision, I recommend starting vision from 20/20 and working backwards.

Most respectfully,



Charles Calvo, MD
Retina Specialist



Phone: (702) 358-0472
Fax: (702) 425-9955
www.meadowseye.com
info@meadowseye.com

Date: **12/17/2024**

Time: **3:15pm**

Patient Name:

Patient Phone:

Gender: **Female**

Age: **14**

DOB: __, __, ____

Clinic Location: 1820 E Desert Inn Rd, Las Vegas, NV 89169

Clinic Name: Comp - East

Provider: Kevin Firl, MD

DIAGNOSES

Other congenital malformations of posterior segment of eye - Q148

Generalized contraction of visual field, bilateral - H53483

REASON FOR VISIT

1-2M OV VF 24-2 SF

_____ presents to clinic today for Patient present for blurry vision OU, Mom present with patient today, Hilda. States that patient received new glasses on 11/27/24 with Marilyn Gonzalez, OD, patient states that she is better with new Rx given. Patient's mom brought copy of Rx that was given by Dr. _____ on 8/1/24 and script is really different compared new glass rx. Patient reports headaches daily, taking Tylenol 500mg PO PRN, pt notes relief. in OU for since last visit which is stable .

Because diseases of the eye can be a manifestation of systemic illness, a series of questions was asked to address additional items which may represent concerns of the following systems; constitutional, eyes, ent, cardiac, pulmonary, GI, GU, MSK, neuro, psych, endo, heme, immunologic and the following additional concerns were raised:
None

(-) gtts

Glass Rx from 11/27/24 OD: -0.75, sph and OS: +0.75, sph

Glass Rx from 8/1/24: OD: -3.50, -0.25 x176 OS: -5.50, -0.25 x84

ALLERGIES

NKDA
No latex allergy

OCULAR HX

Blurred Vision

MED HX

Depression

SURGICAL HX

n/a

CURRENT OCULAR MEDS

n/a

CURRENT MEDS

Fluoxetine HCl 10 mg
Fluticasone 110 mcg
Ventolin/Albuterol
Vitamin D3 50 mcg

SOCIAL HX

Non Smoker

FAMILY HX

Asthma
Diabetes Mellitus
High Blood Pressure

VISUAL ACUITY (DISTANCE)

CC OD 20/60 OS 20/70 SC OD 20/70 OS 20/80 PH OD 20/NI OS 20/NI

Notes: wearing new glasses from 11/27/24. //vc

Dominant Eye: OD

WEARING

OD -0.75 SPH -0.75 SPH OS +0.75 SPH +0.75 SPH

Notes: New rx, 11/27/24. //vc

INTRAOCULAR PRESSURE

4:06pm OD: 18 OS: 16
IOP measurement method: Applanation

4:01pm OD: OS:
IOP measurement method: Applanation

SLIT LAMP EXAM

	OD	OS
External	Normal ENTERED BY KEVIN FIRL, MD ON 12/17/2024	Normal ENTERED BY KEVIN FIRL, MD ON 12/17/2024
Lids and lashes	Normal ENTERED BY KEVIN FIRL, MD ON 12/17/2024	Normal ENTERED BY KEVIN FIRL, MD ON 12/17/2024
Conjunctiva	White and quiet ENTERED BY KEVIN FIRL, MD ON 12/17/2024	White and quiet ENTERED BY KEVIN FIRL, MD ON 12/17/2024
Sclera	Normal ENTERED BY KEVIN FIRL, MD ON 12/17/2024	Normal ENTERED BY KEVIN FIRL, MD ON 12/17/2024
Cornea	Clear ENTERED BY KEVIN FIRL, MD ON 12/17/2024	Clear ENTERED BY KEVIN FIRL, MD ON 12/17/2024
Anterior chamber	Deep and quiet ENTERED BY KEVIN FIRL, MD ON 12/17/2024	Deep and quiet ENTERED BY KEVIN FIRL, MD ON 12/17/2024
Iris	Flat and round ENTERED BY KEVIN FIRL, MD ON 12/17/2024	Flat and round ENTERED BY KEVIN FIRL, MD ON 12/17/2024

Lens	Clear	Clear
	ENTERED BY KEVIN FIRL, MD ON 12/17/2024	ENTERED BY KEVIN FIRL, MD ON 12/17/2024

DILATED FUNDUS EXAM

	OD	OS
Cup to disc ratio	0.60 ENTERED BY KEVIN FIRL, MD ON 12/17/2024	0.5 ENTERED BY KEVIN FIRL, MD ON 12/17/2024
Optic nerve	Normal color and contour ENTERED BY KEVIN FIRL, MD ON 12/17/2024	Normal color and contour ENTERED BY KEVIN FIRL, MD ON 12/17/2024
Macula	Flat, normal macula, normal fovea ENTERED BY KEVIN FIRL, MD ON 12/17/2024	Flat, normal macula, normal fovea ENTERED BY KEVIN FIRL, MD ON 12/17/2024
Vessels	Normal ENTERED BY KEVIN FIRL, MD ON 12/17/2024	Normal ENTERED BY KEVIN FIRL, MD ON 12/17/2024
Vitreous	Clear ENTERED BY KEVIN FIRL, MD ON 12/17/2024	Clear ENTERED BY KEVIN FIRL, MD ON 12/17/2024

VISUAL FIELD

OD: high FN; peripheral depressions; cloverleaf pattern likely unreliable
OS: high FN; peripheral depressions; cloverleaf pattern likely unreliable

ASSESSMENT AND PLAN

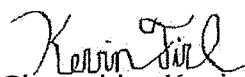
- Decreased visual acuity, both eyes
- patient reports vision seems to have gradual reduced over the last 2-3 years (uncertain)
 - BCVA at Dr. _____'s office 20/40 each eye prior to initial exam (no previous eye exams since infancy)
 - BCVA has fluctuated somewhat, but today 20/60 OD; 20/70 OS w/ new glasses
 - MRI brain/orbits w/ and w/o contrast unremarkable (report in archived files)
 - denies FH of eye disease other than glaucoma (father)
 - parents report varied diet at home; denies GI issues
 - patient has history of depression (takes fluoxetine)
 - history of prematurity ~30 weeks GA
 - reports daily headaches, but denies tinnitus; no optic nerve edema/pallor or signs of IHH on MRI brain (uses multivitamin)
 - parents report patient sometimes has difficulty reading things and has to sit closer to the board at school - improved with new prescription glasses
 - all OCT imaging of retina and optic nerve normal

- Visual field testing unreliable

Plan:

- Discussed reduced visual acuity, but normal eye exam and testing. Patient doing well with her new glasses and feels as if she can see better.
- Recommend annual eye exam which may be done with optometrist if desired.
- Call if vision changes.
- Follow-up yearly or as needed.

The diagnosis and plan were discussed with the patient, and the patient had the opportunity to have all questions answered. The patient was given instructions to call the office for any new or concerning symptoms such as flashes, floaters, shadows, pain, redness, of distortion, scotoma, or other vision change. A follow up plan was made and the patient expressed their understanding of the importance of adhering to the recommended follow up.



Signed by Kevin Firl, MD at 12/17/2024 4:29pm

Date of service: 12/17/2024 15:15
Doctor's name: Kevin Firl, MD

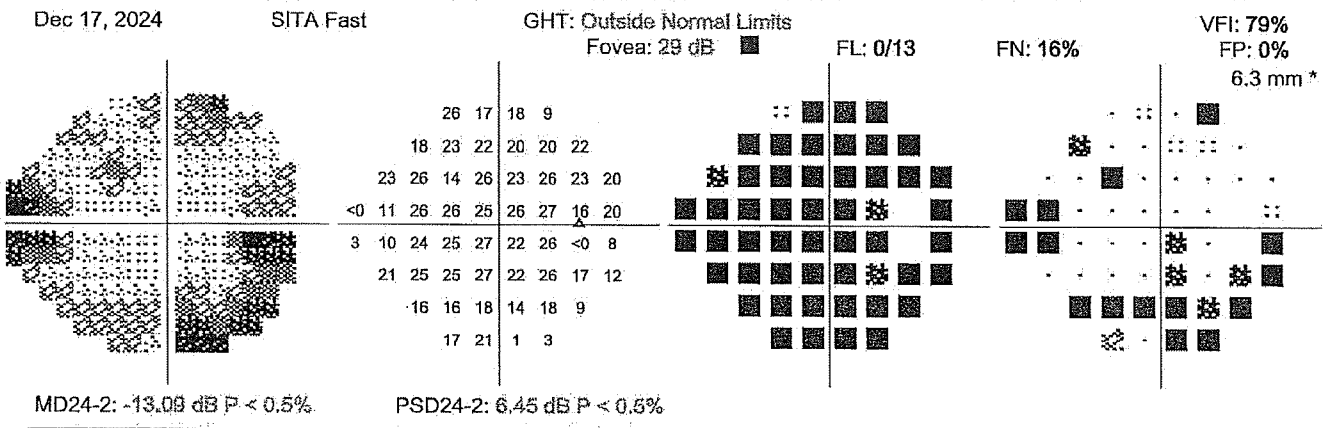
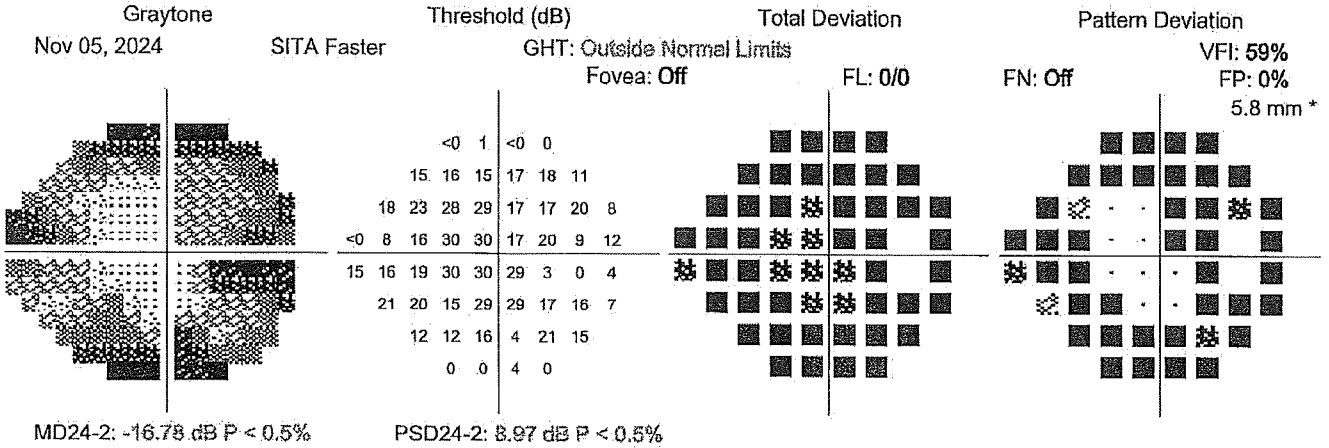
Appendix
Section 1: Visual Field report

Patient: **Graytone**
 Date of Birth: **Nov 05, 2024**
 Gender: **Female**
 Patient ID:



Meadows Eye
 1820 E. Desert Inn Rd
 7023580472

OD Overview **Central 24-2 Threshold Test**



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:: P < 5%
 Comments

⊠ P < 2%

⊠ P < 1%

■ P < 0.5%



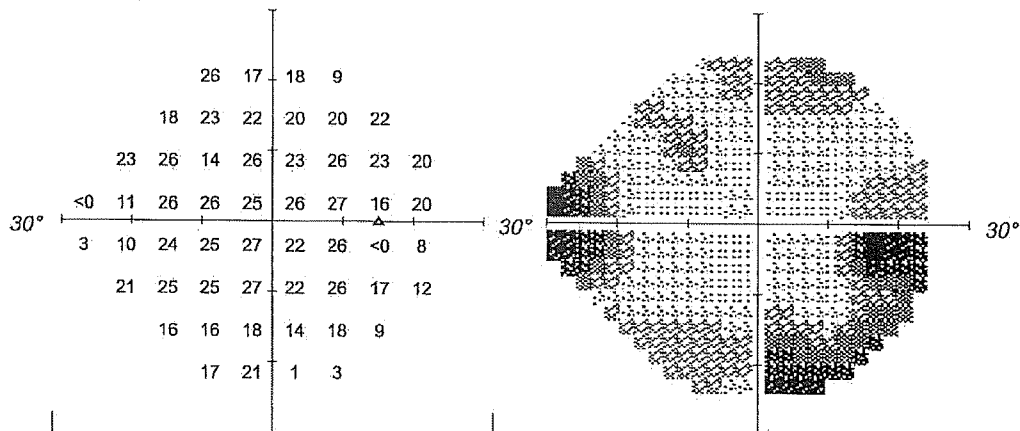
Patient:
Date of Birth: /
Gender: Female
Patient ID:



Meadows Eye
1820 E. Desert Inn Rd
7023580472

OD Single Field Analysis Central 24-2 Threshold Test

Fixation Monitor: Gaze/Blind Spot Stimulus: III, White Date: Dec 17, 2024
Fixation Target: Central Background: 31.5 asb Time: 3:29 PM
Fixation Losses: 0/13 Strategy: SITA Fast Age: 14
False POS Errors: 0% Pupil Diameter: 6.3 mm*
False NEG Errors: 16% Visual Acuity:
Test Duration: 05:07 Rx: +0.00 DS
Fovea: 29 dB



-5 -13 -12 -21
-14 -9 -11 -13 -12 -9
-8 -7 -20 -8 -11 -7 -10 -12
-32 -22 -8 -8 -10 -9 -7 -12
-27 -22 -10 -10 -9 -13 -9 -25
-11 -8 -9 -7 -13 -8 -16 -20
-16 -16 -15 -19 -15 -23
-14 -11 -31 -29

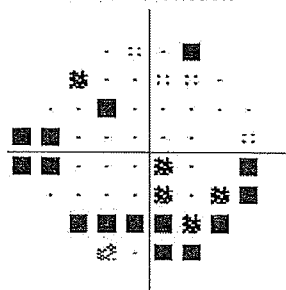
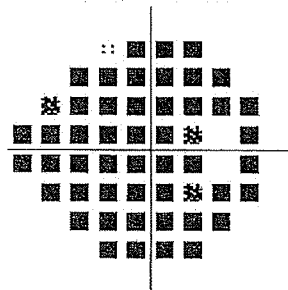
3 -5 -4 -13
-6 -1 -3 -5 -4 -1
0 1 -12 0 -3 1 -2 -4
-24 -14 0 0 -2 -1 1 -4
-19 -14 -2 -2 -1 -5 0 -17
-3 0 -1 1 -5 0 -8 -12
-8 -8 -7 -11 -7 -15
-6 -3 -23 -21

GHT: Outside Normal Limits

VFI: 79%
MD24-2: -13.09 dB P < 0.5%
PSD24-2: 6.45 dB P < 0.5%

Total Deviation

Pattern Deviation



:: P < 5%
▨ P < 2%
▩ P < 1%
■ P < 0.5%

Comments



Patient: _____
 Date of Birth: _____
 Gender: **Female**
 Patient ID: _____



Meadows Eye
 1820 E. Desert Inn Rd
 7023580472

OS Overview Central 24-2 Threshold Test

Graytone
 Nov 05, 2024

SITA Faster

Threshold (dB)

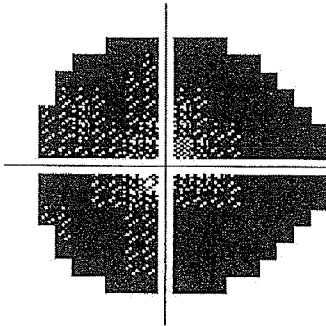
GHT: Outside Normal Limits
 Fovea: Off

Total Deviation

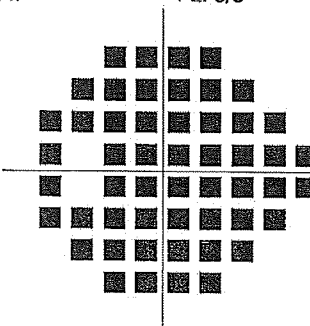
FL: 0/0

Pattern Deviation

VFI: 12%
 FP: 0%
 4.5 mm *



<0	<0	<0	<0
0	0	2	<0
1	8	0	4
1	5	4	10
<0	<0	3	17
1	<0	0	3
<0	<0	5	<0
<0	<0	<0	0



MD Threshold exceeded.
 See Total Deviation plot.

MD24-2: -31.92 dB P < 0.5%

PSD24-2: 4.13 dB P < 0.5%

Dec 17, 2024

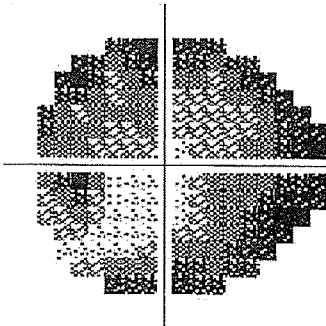
SITA Fast

GHT: Outside Normal Limits
 Fovea: 24 dB

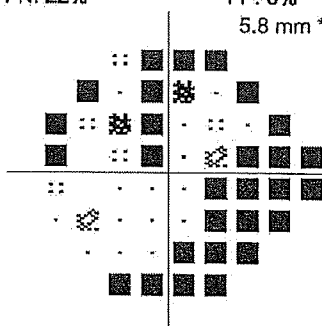
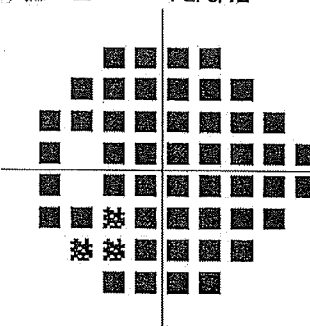
FL: 0/12

FN: 22%

VFI: 61%
 FP: 0%
 5.8 mm *



10	<0	4	7
<0	19	9	13
10	16	14	14
11	14	18	16
15	<0	26	23
19	15	25	22
22	23	20	12
4	9	3	9



MD24-2: -19.43 dB P < 0.5%

PSD24-2: 6.31 dB P < 0.5%

:: P < 5%
 Comments

■ P < 2%

■ P < 1%

■ P < 0.5%



Patient: ()
Date of Birth:
Gender: Female
Patient ID:



Meadows Eye
1820 E. Desert Inn Rd
7023580472

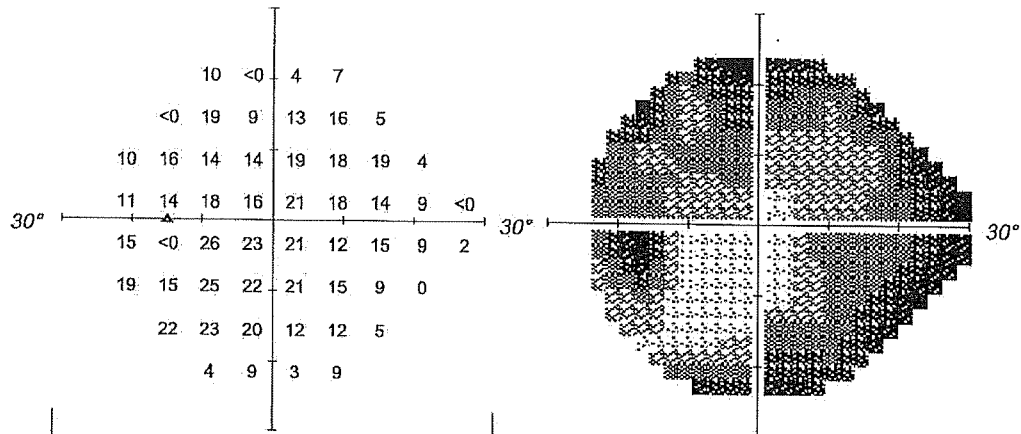
OS Single Field Analysis

Central 24-2 Threshold Test

Fixation Monitor: Gaze/Blind Spot
Fixation Target: Central
Fixation Losses: 0/12
False POS Errors: 0%
False NEG Errors: 22%
Test Duration: 05:02
Fovea: 24 dB

Stimulus: III, White
Background: 31.5 asb
Strategy: SITA Fast
Pupil Diameter: 5.8 mm *
Visual Acuity:
Rx: +0.00 DS

Date: Dec 17, 2024
Time: 3:36 PM
Age: 14

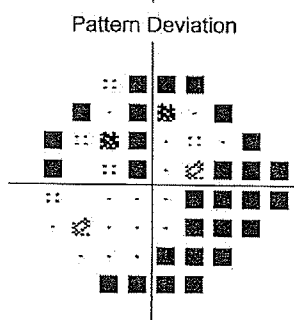
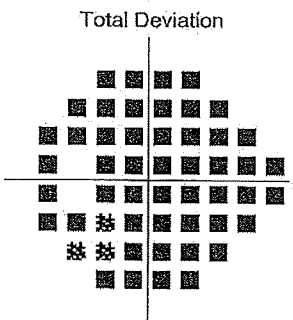


-20-32-26-23
-34-13-24-20-16-27
-23-17-19-20-15-16-15-28
-22 -16-19-14-17-20-23-32
-17 -8 -12-14-22-18-23-29
-13-18 -9 -12-14-19-25-32
-10-10-13-22-21-28
-28-23-29-22

-7 -19-13-10
-21 0 -11-7 -3 -14
-10 -4 -7 -7 -2 -3 -2 -15
-9 -3 -6 -1 -4 -7 -10-20
-4 4 1 -2 -9 -5 -11-16
0 -5 4 1 -1 -6 -12-19
3 3 0 -9 -8 -15
-16-10-16 -9

GHT: Outside Normal Limits

VFI: 61%
MD24-2: -19.43 dB P < 0.5%
PSD24-2: 6.31 dB P < 0.5%



:: P < 5%
⊗ P < 2%
⊠ P < 1%
■ P < 0.5%

Comments



Materials for Item No. 8 re

Complaint 25-13

- Inquiry letter redacted
- Licensee response redacted

STATE OF NEVADA

JOE LOMBARDO
Governor



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAEERER
Deputy Directors

ADAM SCHNEIDER
Executive Director

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF OPTOMETRY

April 9, 2025

[Licensee name]
[Licensee address]
[Licensee address] NV
[Licensee email address]
via email only

Re: NSBO Complaint# 25-13
Complainant: [Patient]

Dear [Licensee]-

This office has received a complaint alleging your conduct may have been unprofessional as defined in Nevada Revised Statute (NRS) 636.295 and Nevada Administrative Code (NAC) 636.230. It is alleged:

On or about February 6, 2025 at the [Licensee location], you yelled and screamed at an employee for asking if you could see a patient before you left for the day. You blew up, flipped out and started yelling at the employees "Why did you do that?" about 12-15 times and "Don't you ever do that to me again" about 7-8 times.

This completely shocked the employee because there was rage in your face and body movement. The employee immediately became afraid of you. The employee is an elder and felt you could easily physically strike out at her.

This employee is also a patient under your care for myopic degeneration. Now the patient does not feel comfortable following up with you, and has to find another optometrist.

Pursuant to NRS 636.305(3), in order to determine whether or not there has been a violation of NRS/NAC 636, please provide a written response to each allegation above. Failure to responsively address each of the above allegations could result in a determination that you agree with the above allegations. Please include any further information you believe would be useful for the Board to make a determination in this matter.

Your reply to director@nvoptometry.org is due on or by the close of business **May 5, 2025**. Should the records be voluminous, usage of Dropbox or ShareFile or the like is encouraged.

The Nevada State Board of Optometry investigates all information received concerning possible violations of NRS/NAC 636. This letter is not to be construed as a determination as to whether or not there has been a violation of such laws until a thorough investigation is completed. This correspondence is sent pursuant to NRS 636.305(2) and NRS 636.310(3). As a licensee subject to an investigation, you are required by law to timely provide the requested information.

Please be advised that if any particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the law, specifically including but not limited to NRS 636.295(5) (affliction with any mental disorder or disturbance seriously impairing his or her competency as an optometrist), NRS 636.295(8) (unprofessional conduct in the practice of optometry).

Respectfully,

/s/ Adam Schneider
Adam Schneider, Esq.
Executive Director

I am acknowledging receipt of this email and the complaint.

I'm shocked that [Complainant] would take such action against me as to file a complaint like this. I find this whole thing distressing, undeserved, and a complete mischaracterization of what occurred. I remember the incident though I thought nothing of it at the time but learned a week later from the acting clinic director, [Clinic Director], that these allegations have been brought against me by [Complainant]. [Clinic Director] could find nothing to back up [Complainant]'s version of events as nobody else within the hallway offices heard me yelling, screaming, or making threats.

The events are as follows: [Complainant] scheduled a patient to be seen for a refraction recheck after 3:00pm on that particular day even though the last patient on those days can be scheduled no later than 2:20pm. I did express my displeasure with her adding a patient onto the schedule well after I was set to leave. I told her not to do that again and to check with me first before she adds a patient onto the schedule, especially if it is much later than we normally have patients scheduled. I certainly wasn't standing there screaming and repeating myself over and over. I told her this in the optician's office with the door open. The office is in a long hallway with many other offices and workers all throughout that hall. After I talked with her I simply waited for the patient to arrive, saw them for their refraction recheck, then went home. I didn't learn what [Complainant] had accused me of until the next week. I am totally shocked by her allegations and even more shocked that she would accuse me of threatening her with physical violence especially after all I had done to help her as a patient. I would never do that to a patient, employee, or any other person. Overall, I find her accusation of threatened physical violence to be the most offensive part of this whole ordeal. The idea that I would scream, yell, and threaten an elderly woman with violence because I was not happy she scheduled a patient later than she should have is a total fabrication.

At this point I'm afraid of a person that could make up such falsehoods about me and I don't think I would feel comfortable having her as a patient as I'm unsure if she is going to levy more false accusations against me. As far as the care for her myopic degeneration goes, I had already referred her out to [OMD Retina practice]. She was seen and established there before any of these events had occurred as her condition had risen to the level of requiring care and treatment from an ophthalmologist.

I do not wish any ill-will on [Complainant], but I find this whole ordeal distressing and offensive.

I'm happy to provide more information if needed. You can also contact the [Clinic Director] for more information as well at [Phone Number]

Sincerely,

[Licensee], OD

Materials for Item No. 9 re

Complaint 25-14

- Inquiry letter redacted
- Fictitious name application redacted
- Licensee response redacted

STATE OF NEVADA

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**DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF OPTOMETRY**

April 28, 2025

[Licensee name]
[Licensee address]
[Licensee address], NV
[Licensee email address]
via email only

Re: NSBO Complaint# 25-14

Dear [Licensee]-

This office has received information that you and/or your optometry practice may be in violation of Nevada Revised Statute (NRS) Chapter 636 and Nevada Administrative Code (NAC) Chapter 636. It is alleged:

You presently have registered with the Board an optometry practice entity named “[Licensee corporation name].”

You submitted to the Board an Application for Certificate of Registration of Assumed/Fictitious Name for “[Licensee fictitious name].”

The Application requires submission of documentation proving the registration of the fictitious name with the Nevada Secretary of State and/or the Nevada County in which it will offer services. The documentation you submitted from May 2024 lists “[Licensee corporation name]” and yourself as owners.

The Application specifically states “If the above listed ownership percentage is anything less than 100%, the following is a list of the name and address of each person holding any ownership interest, and percentage of the optometry practice that he or she owns regardless of size, in the business operating under the assumed or fictitious name at this location. If any owners of the business at this location are entities (such as corporations, companies, partnerships or trusts), I have provided a list of each of those entities’ owners in the ”Comments” section of this application.”

The Application specifically states “If this business operating under the assumed or fictitious name at this location has additional owners, add each of them below . . .”

Your response to the above was that you are 100% owner.

Your response did not provide any information in the Comments about any other owners, be it natural persons or entities.

The Application further states “By submitting this information and checking this box, I affirm that I have conferred with each above listed owner and who have agreed with the above listed information regarding all persons or entities holding any ownership interest and the percentages of such ownership.”

As part of the Board’s due diligence before approving the Application, the Board’s inquiry with the Nevada Secretary of State business registry shows that [Licensee corporation name] lists a non-optometrist as a managing member.

Therefore: 1) the entity you presently have registered with the Board may be illegal; 2) the Application’s request may be illegal; and 3) your attestations in the Application may be false.

Pursuant to NRS 636.305(3), in order to determine whether or not there has been a violation of NRS/NAC 636, please provide a written response to each allegation noted above. Failure to address any one of the above allegations may be seen by the Board as your agreement with the allegation and may subject you to discipline. Please include any further information you believe would be useful for the Board to make a determination in this matter.

Your reply to director@nvoptometry.org is due on or by the close of business **May 6, 2025**. Should the records be voluminous, usage of Dropbox or ShareFile or the like is encouraged.

The Nevada State Board of Optometry investigates all information received concerning possible violations of NRS/NAC 636. This letter is not to be construed as a determination as to whether or not there has been a violation of such laws until a thorough investigation is completed. This correspondence is sent pursuant to NRS 636.305(2) and NRS 636.310(3). As a licensee subject to an investigation, you are required by law to timely provide the requested information.

Please be advised that if any particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the law, specifically including but not limited to:

NRS 636.295(8) (unprofessional conduct in the practice of optometry);

NRS 636.350(1)(a) (“A person shall not own all or any portion of an optometry practice under an assumed or fictitious name unless the person holds an active license to practice optometry in this State.”);

NAC 636.215(3)(d) (seeking the Board to “approve any fictitious name application that is in violation of any NRS 636 section.”)

Respectfully,

/s/ Adam Schneider
Adam Schneider, Esq.
Executive Director

Pursuant to the provisions of Chapter 636 of the Nevada Administrative Code, I ,

[Licensee]

,O.D., a duly licensed optometrist in the State of Nevada, License Number

[Licensee #]

Email

[Licensee email]

, hereby make application for a Certificate of Registration of

[Licensee fictitious name]

, to be used as an assumed/fictitious name under which optometry will be practiced at the following address.

[Licensee fictitious name address]

United States

[Map It](#)

The listed person/entity's percentage of ownership is

100

The Nevada Secretary of State.

- The Nevada Secretary of State.
- The Nevada County in which it will offer services. You must attach proof of the registration(s) below.

Attach Documents

- [County Certificate of Registration: Fictitious Firm Name]

Name

[Licensee]

Address

[Licensee Address]

Licensee Address]

Licensee Address]

[Map It](#)

The listed person/entity's percentage of ownership is

100

- By submitting this information and checking this box, I affirm that I have conferred with each above listed owner and who have agreed with the above listed information regarding all persons or entities holding any ownership interest and the percentages of such ownership.

Name

[Licensee]

April 29, 2025

To the Nevada State Board of Optometry,

Thank you for the opportunity to explain my recent infraction of Nevada Optometry law.

I have practiced Optometry in Nevada for 14 years, serving patients in a [commercial] location. As my office has grown, I've decided to open a private office to better meet the needs of my patients and the community.

Upon applying for a new license for this location, I was informed that listing my wife as part owner of our business formation violated Nevada law. This was an unintentional oversight on my part. My wife was included solely to help secure a business loan as her involvement as a co-applicant significantly increased our funding eligibility. The bank required her name to be on the business documents to open the account and disburse funds.

I was not mentally aware at the time that this violated the law. I was just simply going through the many motions of setting up this new location, which has been an immense undertaking. As soon as it was brought to my attention, I immediately contacted the Executive Director and took every step advised, including promptly removing my wife from the business registration. I worked with the Secretary of State to expedite the change and informed the Board immediately once it was complete. This was all done within a matter of one single day. I am hoping my prompt actions show good faith and no ill intentions on my part.

I understand the concern regarding my situation of my application of the new location, which stated under oath that I am the sole 100% owner. What I meant at the time was that it was only my LLC that held full ownership, and that no other Corporation had any involvement what so ever. This office is just family owned. No transactions have been made at the new location, and we are still awaiting approval to open. My wife was only added on as managing member during the interim time period when I ended [the commercial practice], and setting up the new location.

I take full responsibility for this oversight and sincerely apologize for the error. I did not intend to deceive or act maliciously. Our only goal is to create a family-centered, community-focused Optometry practice, emphasizing our focus on a much needed pediatric care, to bring back a strong vision therapy clinic, and to further grow our involvement with charity like the Lions Club who we've been helping to provide glasses for the needy.

I am available to answer any questions or provide additional information. I respectfully accept whatever action the Board deems appropriate.

Sincerely,

[Licensee]