

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 July 31, 2025

Board Meeting

Materials for Item No. 5 re

Complaint 25-15

- Inquiry letter (25-15) (redacted)
- Jenkins-Licensee 1 counsel 2021 emails (redacted)
- Licensee response (25-15) (signatures removed)

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**

May 28, 2025

[Licensee name]
[Licensee address]
[Licensee address] Nevada [zipcode]¹
[Licensee email address]
via email only

Re: NSBO Complaint# 25-15

Dear [Subject 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:

1973- [Licensee 1] (herein Licensee 1) created the entity [Entity 1] (herein Entity 1).
Licensee 1 continuously practiced at various locations throughout the years.

2022- Licensee 1 passes away.

10/2022- you become the president/secretary/treasurer/director of Entity 1. From
10/2022-present, you did not advise the Board about the new ownership status.

2/2024- your renewal application in the corporate ownership section lists your personal
PLLC, but not any ownership of or mention of Entity 1.

10/2022-present- you never provided a fictitious name application for you to practice
under Entity 1's fictitious name of "[Fictitious Name 1]" (herein Fictitious Name 1).

¹ The Board is aware you now live out of state in [State], but the Board has not been provided your new contact information. In your response to this letter, please provide your updated personal mailing address and primary telephone number. (See NRS 636.369 "A licensee shall notify the Board of any change in the personal mailing address or primary telephone number of the licensee or any change of the electronic mail address most recently provided by the licensee to the Board not later than 30 calendar days after the change.")

As of 4/2025 (but potentially going back several years)- the door of the practice location at [practice location address] lists several ODs including Licensee 1 and yourself. Licensee 1's name has no asterisk or the like to denote a change in status despite the death appx three years ago.

The practice location at [practice location address] has two signs facing the public street: 1) a banner saying "[Entity 1], Optometrists, Eye Exams Glasses Contacts Lenses, [Phone Number]"; and 2) a much larger commercial signage of [Fictitious Name 1].

Fictitious Name 1's website was never updated during your ownership to advise the public that Licensee 1 passed away in 2022 and is no longer seeing patients.

This office via email requested a phone call, but no reply has been received as of the date of this correspondence.

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. Your reply to director@nvoptometry.org is due on or by the close of business **June 9, 2025**. 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.

Because this matter will be presented to the Board in a double blind manner, refer to yourself as "Subject Licensee," [Licensee 1] as "Licensee 1," [Entity 1] as "Entity 1" and "[Fictitious Name 1]" as "Fictitious Name 1."

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:

NAC 636.215(5) ("Not later than 90 calendar days after any percentage of the ownership of an optometry practice for which a fictitious or assumed name is registered changes, the licensee to whom the fictitious or assumed name is registered must submit a new application for the registration of the assumed or fictitious name."); and

NRS 636.380 ("A licensee shall be entitled fairly, ethically and truthfully to advertise² the practice of optometry.")

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

2 NRS 636.016 ("Advertise' means the commercial use of any . . . sign or other printed or electronic medium, by an optometrist to bring the services or materials offered by the optometrist to the attention of members of the general public.")

From: Caren Jenkins cjenkins@nvoptometry.org

Sent: Monday, March 15, 2021 8:59 PM

To: Ken Woloson ken@kbnevadalaw.com

Subject: Dr. [Licensee 1]

...

The sticky point to remember is that only an optometrist can own or have a financial interest in an optometry practice. Not a spouse. Not a family revocable trust. Many estate planning attorneys miss this critical requirement and advise clients to transfer business interests into trusts as a matter of course. But optometry in Nevada has this unique requirement.

I'm more than happy to talk with you at any time. The optometry board phone rolls to my cell when I am out of the office, so I'm available nearly anytime.

Best wishes,

Caren C. Jenkins

Executive Director

775-883-8367

On Jun 4, 2022, at 3:00 PM, Ken Woloson wrote:

Caren:

...

4. I am not sure whether you have heard or not, but unfortunately Dr. [Licensee 1] passed away earlier this week, on May 31.

a. [Licensee 1's son] will be stepping in as the Manager of the Management Services Organization, Group 20 Management, LLC, which employs all the professional employees that that had been employed by [Entity 1] ...

b. [Subject licensee] is the designated Successor Optometrist with whom [Licensee 1] had a long-standing relationship.



Maria Nutile, Esq.*
Bridget Kelly, Esq. **

* licensed in NV, AZ and CO

** licensed in NV and AZ

July 21, 2025

VIA EMAIL

director@nvoptometry.org

Adam Schneider, Esq.
Executive Director
Nevada State Board of Optometry
P.O. Box 1824
Carson City, NV 89702

Re: NSBO Complaint #25-15

Dear Mr. Schneider:

This firm represents Entity 1, as identified in your letter dated May 28, 2025 in the above-referenced matter ("Letter"). In that regard, we write in response to the allegations contained in the Letter. We appreciate the extensions that were provided for submitting this response. Capitalized terms not otherwise defined here shall carry their meanings from the Letter.

Background

Entity 1 was formed by Licensee 1, and operated as Licensee 1's optometry practice for decades. For much of that time, Entity 1 has utilized Fictitious Name 1 as its trade name.

In 2022, Entity 1's corporate attorney, Ken Woloson, Esq., contacted former Executive Director Caren Jenkins, Esq. by telephone to notify the Board of Licensee 1's death. Subject Licensee was designated as the successor optometrist to the stock of Entity 1 in 2022, however Mr. Woloson does not recall whether or not he discussed Subject Licensee with Ms. Jenkins during their call.

From approximately October 2022 through March 31, 2025, Subject Licensee directly or indirectly (through Subject Licensee PLLC as of December 2023) owned Entity 1. As of April 1, 2025, 100% of the ownership of Entity 1 transferred from Subject Licensee to another optometrist ("Licensee 2").

Allegations

The Letter alleges the following:

1. *From 10/2022 to present, Subject Licensee did not advise the Board about the new ownership status.*

As noted above, the Board was notified of Licensee 1's death but, it appears the Board may not have been notified that Subject Licensee was the successor optometrist at Entity 1. Subject Licensee denies intentionally failing to notify the Board of this change, and believes this obligation was inadvertently missed in the wake of Licensee 1's death.

2. *Subject Licensee's renewal application in 2/2024 lists corporate ownership of Subject Licensee PLLC but not of Entity 1.*

By February 2024, the Subject Licensee PLLC was the 100% direct owner of Entity 1, and Subject Licensee was the 100% direct owner of Subject Licensee PLLC. Renewal Application question 7 asked:¹

7. Has the State of Nevada, or any jurisdiction issued you a business license to offer optometric services?

☐ Yes ☐ No

If "Yes," My business license number is _____.

The license is held under what name(s)? _____

We note that it is not clear from this question that indirect ownership interests are also to be disclosed. Subject Licensee denies intentionally withholding ownership of Entity 1 from the Board on Subject Licensee's renewal application.

3. *From 10/2022 to present, Subject Licensee never provided the Board with a fictitious name application to practice under Fictitious Name 1.*

Subject Licensee admits this allegation, and sincerely regrets this error. As Fictitious Name 1 was already in use, and with the death of Licensee 1 and the transitions necessary thereafter, Subject Licensee believes this was an unfortunate oversight.

As noted above, Licensee 2 became the owner of Entity 1 as of April 1, 2025. Licensee 2 has applied for and received certification of registration of fictitious name for Entity 1 and Fictitious Name 1 at each of Entity 1's locations.

¹ <https://nvoptometry.org/wp-content/uploads/2021/08/2022-2024-Application-for-Renewal.pdf>

4. *As of 4/2025 the door to one of Entity 1's practice locations still included Licensee 1 on its list of optometrists at that location, without any indicator of a change in status for Licensee 1.*

Subject Licensee admits that Licensee 1's name did still appear on that door as of April 1, 2025 when Subject Licensee ceased to be the owner of Entity 1. Entity 1 reports that Licensee 1's name has since been removed, as evidenced by photographs provided under separate cover to maintain anonymity.

5. *A practice location of Entity 1 has public signage including (i) a banner that says, "[Entity 1], Optometrists, Eye Exams Glasses Contact Lenses, (702) [TEL]", and (ii) a much larger commercial signage of "[Fictitious Name 1]".*

Subject Licensee admits this allegation was true as of April 1, 2025, and Entity 1 confirms that signage is still present at that location.² This signage was placed during Licensee 1's ownership of Entity 1, and was intentionally left in place after Licensee 1's death. Subject Licensee acknowledges that such displays (on Subject Licensee's part) without first obtaining a fictitious name certification from the Board do not comply with NAC 636.215(4). As noted above, Subject Licensee's failure to apply for fictitious name certification for Entity 1 was a regrettable oversight.

6. *Fictitious Name 1's website was never updated during Subject Licensee's ownership to advise the public that Licensee 1 passed away in 2022 and is no longer seeing patients.*

Subject Licensee admits this allegation was true as of April 1, 2025. Subject Licensee believed that Entity 1's practice manager (and relative of Licensee 1) would handle such administrative and technical matters, but Subject Licensee admits to not having verified the website was updated as required. Entity 1 reports that the website has since been updated to include an "in memoriam" section for Licensee 1, as evidenced by a screenshot provided under separate cover to maintain anonymity.

7. *The Board office emailed requesting a phone call but received no reply.*

It is unclear whether the Board office emailed Subject Licensee or Entity 1. Regardless, both Subject Licensee and Entity 1 have thoroughly checked their email accounts and have not found any such email from the Board. Subject Licensee and Entity 1 each assures the Board if such an email had come to their attention, it would not have been ignored.

As you are aware, Subject Licensee no longer lives or practices in Nevada. While administrative fines may be indicated for the errors noted above, we respectfully request the Board consider these errors as the product of transition stressors and grief following the death of a beloved

² We note that in accordance with NRS 89.040(2), it was not necessary for Entity 1 to change its legal name upon the death of Licensee 1.

A. Schneider, Esq.
July 21, 2025
Page 4

doctor and father, who was a fixture in the community and a credit to the profession for decades. Subject Licensee denies any intentional non-compliance, and apologizes to the Board for the errors and any confusion or inconvenience they may have caused. We respectfully request that this matter be resolved without any disciplinary action against Subject Licensee.

Should you have any questions, I may be reached at 702.307.4870.

Sincerely,

NUTILE LAW

A handwritten signature in cursive script that reads "Maria Nutile".

Maria Nutile, Esq.

Encl.

cc: Ken Woloson, Esq.
Bridget Kelly, Esq.

Materials for Item No. 6 re

Complaint 25-16

- Inquiry letter (25-16) (redacted)
- Licensee response
- Chart notes 07.15.2023 (redacted)
- Invoice 07.15.2023 (redacted)
- Staff notes 1 5.30.24 (redacted)
- Invoice 05.30.24 (redacted)
- Chart notes 12.26.2024 (redacted)
- Invoice 12.26.2024 (redacted)
- Staff notes 2 12.27.24 (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

June 2, 2025

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

Re: NSBO Complaint# 25-16
Complainant: [Complainant name]

Dear Dr. [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:

I had my eye exam on 12/26/2024 at the [Licensee] location. I was given a trial pair for -2.75 for both eyes. I called the office a couple of times and was "helped" by [Licensee employee], they had messed on my benefits and had used them for the year already so I was unable to order contacts. She said "we are not selling you contacts anyways". On March 18, 2025, I received my RX via email. I was not seeing well so I contacted the office by phone several times, no one picked up my call, I emailed the office on 4/12/25, 4/14/25, and 4/16/25 and 5/5/2025. No reply to my emails and no answer to my calls.

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.

If presented to the Board, this matter will be presented in a double-blind manner, i.e., the identity of yourself, your practice, and the patient will not be disclosed so as to allow an objective review of the allegations and response. **Therefore in your response refer to yourself as "Licensee 1," your practice as "Location 1" and the patient as "patient" or "complainant," and do NOT place your response on your office letterhead.**

Your reply to director@nvoptometry.org is due on or by the close of business **July 2, 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).

Respectfully,

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

Dear Nevada State Board of Optometry,

Thank you for allowing me the opportunity to respond to this complaint.

The patient was seen at our location 2 office on 12/26/2024 for a routine eye exam and contact lens evaluation. As with all contact lens evaluation, trial lens were given to confirm comfort and vision. Since we had seen her the previous year and no changes were made, the patient was given a finalized glasses and contact lens prescription that day. She expressed interest in placing a contact lens order using her VSP benefits, and we began that process shortly after she left.

When our staff attempted to pull an authorization, VSP informed us that her 2024 benefit had already been used in May at our location 1 office, where she had purchased a 6-month supply of contacts. Only a \$20 balance remained. We left her a voicemail the same day to explain the situation and let her know that we would need to collect the remaining out-of-pocket amount to proceed.

The next day, the patient reached us by phone while we were working at location 1. She was understandably confused and didn't recall using her benefit in May. After reviewing her chart, we confirmed that the May order had been processed under her 2024 benefit. She told us she had been informed by a previous staff member that her 2023 benefit would be used for that order. After reviewing the records, we confirmed that this was incorrect — her 2023 benefit had already expired. We acknowledged the miscommunication and apologized for the confusion. While we understood her frustration, we explained the benefit had already been claimed and could not be reversed or reassigned.

We also explained that only VSP could dispute or override benefit usage and encouraged her to contact them directly. Unfortunately, the call became heated, and she began accusing staff of fraud and threatened to report us.

In March 2025, three months after the exam, the patient requested her contact lens prescription by email, which we promptly sent on March 18. At no point during that request did she mention any problems with her contacts or that her vision was blurry. A few hours later, she followed up asking if the prescription could be adjusted to reflect Biofinity lenses. We called to clarify and explained that her prescription had Biofinity stated as the national brand, so there was no need for adjustments. She seemed satisfied with that explanation and did not express any concerns about vision or lens comfort at that time. If she had mentioned any problems with her vision, we absolutely would have invited her back for a follow-up to reassess her prescription.

Later, she called to place an order using her VSP benefit, stating the issue had been “fixed” with her insurance. We verified directly with VSP and confirmed that her next benefit would not be available until May 1, 2025. We relayed that information to her. She again became upset and raised her voice with the staff. Due to the repeated threats and hostile interactions over several calls, we respectfully informed her that we would no longer be able to continue providing services. Her contact lens prescription had already been provided to her, and she was free to use it at another office. We made a “Do Not Recall” note in her chart.

I do want to acknowledge that the patient reached out multiple times by phone and email in the weeks that followed, and we did not respond as promptly as we should have. That is completely on us. Since then, we have been looking into ways to improve our patient communication, including an automated text-back system for missed calls and improving our internal process to ensure patient emails are reviewed and addressed in a timely manner.

While the original benefit issue was unfortunately based on a misunderstanding, we take full responsibility for the delays in communication and have made changes to improve. Our goal is always to be transparent, helpful, and fair — even when we can't deliver the answer a patient wants to hear.

Included are invoices from her visits, chart notes, notes our staff made at the time, and her prescriptions.

Thank you again for your time and for allowing us the chance to respond.

Sincerely

Licensee 1

**Medications****OPHTHALMIC MEDICATIONS**

None

NON OPHTHALMIC**MEDICATIONS**NuvaRing 0.12-0.015 mg/24 hr
Vaginal - ring**Ocular History**

None

Ocular Surgery

None

Social History

EtOH none

Smoking status - Never smoker

Allergies

naproxen

AlertsNo loss of vision, no headaches, no
hypertension, no eye pain, and no
diabetes.**ROS**Provider reviewed on Jul 15,
2023.A focused review of systems
was performed including
Endocrine, Hematologic /
Lymphatic, Musculoskeletal, and
Psychiatric.No Depression, No Thyroid
Abnormalities, And No Joint
Pains.**Family History**Family history of cancer
(situation)Family history: Hypertension
(situation)

Other: Retinal Detachment

Medical History

None

Surgical History

None

Chief Complaints:

1. Blurred Vision

HPI: This is a 40 year old female who:

1. is being seen for a chief complaint of blurred vision involving the right eye and left eye. The blurred vision is at a distance, constant, and notable when driving at night and associated with dry eyes, wearing contacts, and wearing glasses. The blurred vision is moderate in severity. The patient has a history of contact lens usage and dry eye syndrome.

Eye Exam**Vision**

Distance Test Type: Snellen Chart

Distance Correction Type: Contact Lenses

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

Dsc OD 20/150
OS 20/150
OU 20/150

Contact Lens Trials

OD: Retail Private Label Ethos Aquatech Monthly 6pk Clear

OS: Retail Private Label Ethos Aquatech Monthly 6pk Clear

Trial Number: 1; Usage: Distance; Status: Final

Eye	Measurement	Base Curve	Diameter	Started	Ended	DCL	NCL
OD	-2.75	8.60	14.00			20/20 -1	
OS	-2.75	8.60	14.00			20/20 -1	
OU						20/20	J1+

Assessment:

	CENTRATION	COMFORT	MOVEMENT	VISION	TORICS ROTATED	DEGREES
OD	Good	Comfortable	Good	Good		
OS	Good	Comfortable	Good	Good		

Auto Refraction

Eye Measurement DCC NCC
OD -2.50 -0.50 x 090
OS -2.50 -0.50 x 090

Binocular PD: 63.5 (Dist)

Eye Measurement DCC NCC
OD -2.50 -0.50 x 090
OS -2.50 -0.50 x 090

Keratometry

	Flat	Axis	Steep	Axis	Mires Quality	Method
OD	43.25	176	43.50	086		
OS	43.00	165	43.25	075		
OD	43.25	176	43.50	086		
OS	43.00	165	43.25	075		

Manifest Refraction

Binocular PD: 63.5 (Dist)



Visit Note - July 15, 2023

PMS ID: [REDACTED] Sex: [REDACTED] DOB: [REDACTED] MRN: [REDACTED]

Female

Eye	Measurement	HP	HB	VP	VB	SO	VD	MPD-D	MPD-N	DCC	NCC
OD	-2.50 -0.50 x 090						13.75			20/20	
OS	-2.50 -0.25 x 080						13.75			20/20	
OU											

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	15	[REDACTED]	07/15/2023 10:51 AM PDT	Non-contact tonometer (NCT)
OS	14	[REDACTED]	07/15/2023 10:51 AM PDT	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

A dilated exam of the optic disc was performed OD.

Ophthalmoscopic examination of optic disc OD:

OD: **CD ratio 0.3 / 0.3**

OD Optic Disc: flat and normal disc

A dilated fundus exam was performed OD.

Ophthalmoscopic examination of retina and vessels

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

A dilated exam of the optic disc was performed OS.

Ophthalmoscopic examination of optic disc OS:

OS: **CD ratio 0.3 / 0.3**

OS Optic Disc: flat and normal disc

A dilated fundus exam was performed OS.

Ophthalmoscopic examination of retina and



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

General Appearance of the patient is well nourished.

Orientation: alert and oriented x 3.

Mood and affect: no acute distress.

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

Impression/Plan:

1. Myopia OU

Problem Addressed: Stable chronic illness (New Dx) (H52.13)

Plan: Counseling - Refractive Disorder.

I counseled the patient regarding the following:

Myopia can be managed with corrective eye wear, such as eyeglasses or contacts to correct the vision. Refractive laser surgery approaches include RK (radial keratotomy), PRK (photorefractive keratectomy), and LASIK (laser in situ keratomileusis). Lens based options to correct myopia include RLE (refractive lens exchange), ICL (intraocular contact lens). Corneal based surgery includes corneal inlays and Intacs (intracorneal plastic segments). Myopia or nearsightedness develops during school age and is a result of the eyeball being too long, or the cornea having too much curvature. Patients usually complain of not being able to see or read distant objects, such as chalkboard writing, TV screens or movies. Myopia often progresses until patients reach their late twenties or early thirties.

After counseling the patient, we decided on the following plan for the right eye: Contact Lenses and Eye Glasses

After counseling the patient, we decided on the following plan for the left eye: Contact Lenses and Eye Glasses

Plan: Refraction.

Manifest Refraction was performed OU.

Indication: Myopia OU

Plan: F/U for Next Visit Refractive.

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

- Return for annual contact lens exam

Plan: Contact Lens Assessment.

Contact Lens Assessment

Contact Lens Fitting Fee: CL Lev 1

Contact Lens Fitting OD: within normal limits

Contact Lens Comfort OD: within normal limits

Contact Lens Vision OD: within normal limits

Contact Lens Fitting OS: within normal limits

Contact Lens Comfort OS: within normal limits

Contact Lens Vision OS: within normal limits

Plan: Contact Lens Fitting.



Visit Note - July 15, 2023

PMS ID: Sex: DOB: MRN:

Female

Visit type: CPT 92310: Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia.
Reason: New fit

GLASSES RX DETAILS

	SPHERE	CYLINDER	AXIS	ADD	START	EXP. DATE
OD	Plano	-0.25	090		07/15/23	07/15/24
OS	Plano	-0.25	080		07/15/23	07/15/24

VISUAL ACUITY

	Dist VA	Near VA	Dist PH	Underlying condition
OD	20/20			
OS	20/20			

ADDITIONAL INFORMATION

Active Yes
Usage Driving over contacts

GLASSES RX DETAILS

	SPHERE	CYLINDER	AXIS	ADD	START	EXP. DATE
OD	-2.50	-0.50	090		07/15/23	07/15/24
OS	-2.50	-0.25	080		07/15/23	07/15/24

VISUAL ACUITY

	Dist VA	Near VA	Dist PH	Underlying condition
OD	20/20			
OS	20/20			

ADDITIONAL INFORMATION

Active Yes
Usage Distance single vision

CONTACT LENS RX DETAILS

	SPHERE	CYLINDER	AXIS	ADD	BASE CURVE	DIAMETER	BRAND	MANUFACTURER	COLOR / MF PWR	START	EXP. DATE	QTY
OD	-2.75	D.S.	000	0.00	8.60	14.00	Ethos Aquatech Monthly 6pk	Retail Private Label	Clear	07/15/2023	07/15/2024	
OS	-2.75	D.S.	000	0.00	8.60	14.00	Ethos Aquatech Monthly 6pk	Retail Private Label	Clear	07/15/2023	07/15/2024	

VISUAL ACUITY

	Dist VA	Near VA	Dist PH	Underlying condition
OD	20/20 -1			
OS	20/20 -1			
OU	20/20			

ADDITIONAL INFORMATION



Visit Note - July 15, 2023

PMS ID:

Sex:

DOB:

MRN:

Female

Active

Yes

Usage

Distance

Contact Lens Fitting

New

National Brand

Biofinity EW 6pk

Electronically Signed By: , 07/21/2025 12:30 PM PDT

Invoice

, NV



Patient Name:
Responsible Party:

Office # : 0161265
Service Date: 07/15/2023
Payment #: 40490032
Employee :
Provider Name:
NPI:
Provider License#:

Item/ Service Description	Proc Code	Diagnosis Codes	Retail Price	Discount	Insurance Allowance	Insurance Copay	Patient Due
---------------------------	-----------	-----------------	--------------	----------	---------------------	-----------------	-------------

Patient Name:
Order # 31183424 Insurance: VSP Manual Plan

Refraction - 92015	92015	H52.13	\$25.00	\$15.00	\$10.00		\$0.00
Contact Lens Evaluation Level 1 - 92310.1	92310	H52.13	\$85.00	\$12.25	\$72.75	\$60.00	\$60.00
Comprehensive Eye Exam (NP) - 92004	92004	H52.13	\$159.00	\$119.00	\$40.00	\$15.00	\$15.00
Total			\$269.00	\$146.25	\$122.75	\$75.00	\$75.00

Your savings with VSP : | \$194.00

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
07/15/2023		\$75.00	Visa

Payments Summary

Total Due	\$75.00
Total Payments Made	(\$75.00)
Total Adjustments	\$0.00
Balance	\$0.00



Date Printed: 7/21/2025

Patient Notes

Patient Name: Tannia Garcia

Date	Time	Employee	Notes
5/30/24	3:10 pm		pt called requesting to order contacts. I pulled auth to order cls and when i called pt back i got no answer so i left vm. auth for materials is good till 06/29/2024 (\$120) and prescription will expire on 07/15/2024.

Invoice



Patient Name: [Redacted]
Responsible Party: [Redacted]

Office # : 0161265
Service Date: 05/30/2024
Payment #: 50397801
Employee : [Redacted]
Provider Name: [Redacted]
NPI: [Redacted]
Provider License#: [Redacted]

Item/ Service Description	Proc Code	Diagnosis Codes	Retail Price	Discount	Insurance Allowance	Insurance Copay	Patient Due
---------------------------	-----------	-----------------	--------------	----------	---------------------	-----------------	-------------

Patient Name: [Redacted]
Order # 39327328 Insurance: VSP Manual Plan

Ethos Aquatech Monthly - 2 V2520 at \$50.00/box		H52.13	\$100.00			\$100.00	\$0.00
Total			\$100.00	\$0.00		\$100.00	\$0.00

Your savings with VSP :	\$100.00
-------------------------	----------

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>
------------------------	---------------------	---------------	-------------

Payments Summary

Total Due	\$0.00
Total Payments Made	\$0.00
Total Adjustments	\$0.00
Balance	\$0.00



Medications
OPHTHALMIC MEDICATIONS
NONE

NON OPHTHALMIC
MEDICATIONS
NuvaRing 0.12-0.015 mg/24 hr
Vaginal - ring

Ocular History
None

Ocular Surgery
None

Social History
EtOH none
Smoking status - Never smoker

Allergies
naproxen

Alerts
No loss of vision, no headaches, no
hypertension, no eye pain, and no
diabetes.

ROS
Provider reviewed on Dec 26,
2024.

A focused review of systems
was performed including
Endocrine, Eyes, Hematologic /
Lymphatic, Musculoskeletal, and
Psychiatric.

No Poor Vision, No Thyroid
Abnormalities, No Depression,
And No Joint Pains.

Family History
Family history of cancer
(situation)

Family history: Hypertension
(situation)

Other: Retinal Detachment

Medical History
None

Surgical History
None

Chief Complaints:
1. Initial Contact Lens Evaluation

HPI: This is a 42 year old female who:
1. is being seen for a initial contact lens evaluation of the left eye and right eye. The associated
symptoms are moderate in severity, right eye and left are equal.

Eye Exam

Vision
Distance Test Type: Snellen Chart Distance Correction Type: Contact Lenses

Dcc OD 20/25 -1
 OS 20/30
 OU 20/20

Contact Lens Trials
OD: Retail Private Label Ethos Aquatech Monthly 6pk Clear
OS: Retail Private Label Ethos Aquatech Monthly 6pk Clear
Trial Number: 1; Usage: Distance; Status: Final

Eye	Measurement	Base Curve	Diameter	Started	Ended	DCL	NCL
OD	-2.75	8.60	14.00	07/14/23	07/14/24	20/20 -1	
OS	-2.75	8.60	14.00	07/14/23	07/14/24	20/20 -1	
OU						20/20	

	CENTRATION	COMFORT	MOVEMENT	VISION	TORICS ROTATED	DEGREES
OD	Good	Comfortable	Good	Good		
OS	Good	Comfortable	Good	Good		

Auto Refraction
Binocular PD: 64.0 (Dist)
Eye Measurement DCC NCC
OD -3.00
OS -2.75 -0.25 x 083

	Flat	Axis	Steep	Axis	Mires Quality	Method
OD	43.75	180	43.75	090		
OS	43.25	173	43.75	083		

Manifest Refraction
Binocular PD: 64.0 (Dist)
Eye Measurement HP HB VP VB SO VD MPD-D MPD-N DCC NCC
OD -3.00 -0.25 x 090 13.75 20/20
OS -2.50 -0.50 x 090 13.75 20/20
OU
Usage: Driving over contacts; Binocular PD: 63.5 (Dist)
Eye Measurement HP HB VP VB SO VD MPD-D MPD-N DCC NCC
OD Plano -0.25 x 090 13.75 20/20
OS Plano -0.25 x 084 13.75 20/20

Pupils: Normal
Light Dark Near Size Round Regular Reacts APD RAPD Other



Visit Note - December 26, 2024

PMS ID: Sex: DOB: MRN:

Female

	(mm)	(mm)	(mm)					
OD				Normal	Round	Regular	Reacts Well	No APD
OS				Normal	Round	Regular	Reacts Well	No APD

IOP

OD	14			12/26/2024 10:44 AM PST	Non-contact tonometer (NCT)
OS	14			12/26/2024 10:44 AM 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 / 0.3**

OD Optic Disc: flat and normal disc

Ophthalmoscopic examination of retina and vessels OD:

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

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 / 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 OD, patient declines.

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

General Appearance of the patient is well nourished.

Orientation: alert and oriented x 3.

Mood and affect: no acute distress.

Impression/Plan:

1. Myopia OU

Problem Addressed: Stable chronic illness (H52.13)

Plan: Counseling - Refractive Disorder.

I counseled the patient regarding the following:

Myopia can be managed with corrective eye wear, such as eyeglasses or contacts to correct the vision. Refractive laser surgery approaches include RK (radial keratotomy), PRK (photorefractive keratectomy), and LASIK (laser in situ keratomileusis). Lens based options to correct myopia include RLE (refractive lens exchange), ICL (intraocular contact lens). Corneal based surgery includes corneal inlays and Intacs (intracorneal plastic segments). Myopia or nearsightedness develops during school age and is a result of the eyeball being too long, or the cornea having too much curvature. Patients usually complain of not being able to see or read distant objects, such as chalkboard writing, TV screens or movies. Myopia often progresses until patients reach their late twenties or early thirties.

After counseling the patient, we decided on the following plan for the right eye: Contact Lenses and Eye Glasses

After counseling the patient, we decided on the following plan for the left eye: Contact Lenses and Eye Glasses

Plan: Refraction.

Manifest Refraction was performed OU.

Indication: Myopia OU

Plan: F/U for Next Visit Refractive.

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

- Return for annual contact lens exam

Plan: Contact Lens Assessment.

Contact Lens Assessment

Contact Lens Fitting Fee: CL Lev 1

Contact Lens Fitting OD: within normal limits

Contact Lens Comfort OD: within normal limits

Contact Lens Vision OD: within normal limits

Contact Lens Fitting OS: within normal limits

Contact Lens Comfort OS: within normal limits

Contact Lens Vision OS: within normal limits

Plan: continue current modality

Soft Lens Recommendations: soft lens, disposable and silicone-hydrogel

Contact Lens Education:

Patient Specific Counseling : Contact lens finalized

GLASSES RX DETAILS



Visit Note - December 26, 2024

PMS ID: Sex: DOB: MRN:

Female

	SPHERE	CYLINDER	AXIS	ADD	START	EXP. DATE
OD	-3.00	-0.25	090		12/26/24	12/26/25
OS	-2.50	-0.50	090		12/26/24	12/26/25

VISUAL ACUITY

	Dist VA	Near VA	Dist PH	Underlying condition
OD	20/20			
OS	20/20			

ADDITIONAL INFORMATION

Active Yes
Usage Distance single vision

GLASSES RX DETAILS

	SPHERE	CYLINDER	AXIS	ADD	START	EXP. DATE
OD	Plano	-0.25	090		12/26/24	12/26/25
OS	Plano	-0.25	084		12/26/24	12/26/25

VISUAL ACUITY

	Dist VA	Near VA	Dist PH	Underlying condition
OD	20/20			
OS	20/20			

ADDITIONAL INFORMATION

Active Yes
Usage Driving over contacts

CONTACT LENS RX DETAILS

	SPHERE	CYLINDER	AXIS	ADD	BASE CURVE	DIAMETER	BRAND	MANUFACTURER	COLOR / MF PWR	START	EXP. DATE	QTY
OD	-2.75	D.S.	000	0.00	8.60	14.00	Ethos Aquatech Monthly 6pk	Retail Private Label	Clear	12/26/2024	12/26/2025	
OS	-2.75	D.S.	000	0.00	8.60	14.00	Ethos Aquatech Monthly 6pk	Retail Private Label	Clear	12/26/2024	12/26/2025	

VISUAL ACUITY

	Dist VA	Near VA	Dist PH	Underlying condition
OD	20/20 -1			
OS	20/20 -1			
OU	20/20			

ADDITIONAL INFORMATION

Active Yes
Usage Distance
Contact Lens Fitting New
National Brand Biofinity EW 6pk

Electronically Signed By: , 07/21/2025 10:35 AM PDT

Invoice



Patient Name: [Redacted]
Responsible Party: [Redacted]

Office # : 0166580
Service Date: 12/26/2024
Payment #: 57208062
Employee : [Redacted]
Provider Name: [Redacted]
NPI: [Redacted]
Provider License#: [Redacted]

Item/ Service Description	Proc Code	Diagnosis Codes	Retail Price	Discount	Insurance Allowance	Insurance Copay	Patient Due
---------------------------	-----------	-----------------	--------------	----------	---------------------	-----------------	-------------

Patient Name: [Redacted]
Order # 44847993 Insurance: VSP CHOICE PLAN

Refraction - 92015	92015	H52.13, H52.223	\$25.00		\$25.00		\$0.00
Contact Lens Evaluation Level 1 - 92310.1	92310	H52.13, H52.223	\$85.00		\$85.00	\$60.00	\$60.00
Comprehensive Exam (PP) -92014 92014		H52.13, H52.223	\$159.00		\$159.00	\$15.00	\$15.00
Total			\$269.00	\$0.00	\$269.00	\$75.00	\$75.00

Your savings with VSP : | \$194.00

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
12/26/2024	[Redacted]	\$75.00	Visa

Payments Summary

Total Due	\$75.00
Total Payments Made	(\$75.00)
Total Adjustments	\$0.00
Balance	\$0.00



Date Printed: 7/21/2025

Patient Notes

Patient Name: Tannia Garcia

Date	Time	Employee	Notes
12/27/24	4:41 pm		came to [REDACTED] to put an order for cl, she used the benefit back in may'24, she only has \$20 left, if she wants to pay the remaining \$80. PT SAID SHE WAS INFORMED BY ALVI THAT SHE COULD USE HER BENEFITS FROM 2023 ON MAY 2024. PT WAS NOT TOLD THAT IT WOULD PULL AND USE THE 2024 BENEFIT. NOW SHE IS DEMANDING WE FIX IT ON OUR SINCE IT WAS OUR MISTAKE. I LET HER KNOW TO CALL HER INS TO DISPUTE IT IF SHES NOT HAPPY ..

Materials for Item No. 7 re

Complaint 25-17

- Inquiry letter (25-17) (redacted)
- Licensee response (25-17) (redacted)
- Licensee medical records (selected and redacted)
- NAC 483.340

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**

June 2, 2025

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

Re: NSBO Complaint# 25-17
Complainant: [Complainant name]

Dear Dr. [Licensee]-

Enclosed herewith, this office received 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 alleges:

The patient presented to [Location 1] in [City], NV. The patient arrived before 5:00p.m., which was before the facility's closing time, and he was informed the attending doctor already left the premises.

The patient has a known mental health disability and history of depression, which is clearly documented in the patient's medical records. Despite this, the patient was treated with hostility, neglect, and disrespect by clinical staff and administrative personnel at that facility.

The patient has concurrently filed a grievance with UnitedHealthcare.

The patient was ultimately denied care, and was escorted out of the building without being given care and thereby forced to leave in emotional distress. The patient's condition worsened as a result of the encounter.

The staff had access to the patient's mental health history and should have taken it into account when interacting with the patient. Instead the patient was subjected to treatment that directly violated patient care standards and American with Disabilities Act protections. The office manager overseeing this location is [employee name].

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. **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. **The Board is already in possession of the records and billing, so you need not provide those.**

Your reply to director@nvoptometry.org is due on or by the close of business **July 2, 2025**.

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), NRS 636.364 (supervision of assistants).

Respectfully,

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

[Licensee name], OD
[Licensee address]
[City], NV [zipcode]
[Licensee personal email address]
[Licensee cell phone number]

June 17, 2025 [received June 25, 2025]

Attn: Adam Schneider, Esq.
Executive Director
Nevada State Board of Optometry

Re: NSBO Complaint #25-17 (dated June 2, 2025)

Dear Mr. Schneider:

I'm writing this letter in regard to complaint #25-17 in reference to an incident that happened at [Location 1] on April 14, 2025. I am not fully aware of the time; however, I do believe that the incident happened after 3:30 PM.

I was able to review the records of the incident from those who interacted with the patient. After reflecting on the notes that were written, and my memory of the evening, I do not believe that the actions of my co-workers, nor my own actions, rise to the level of unprofessional conduct. I believe my activities were in accordance with ethical standards of care in the practice of optometry.

The protocols that the clinic has established for every patient involve a cut-off time for scheduled patients to be 3:30 PM. I believe this time is established to allow patients to go through the process of check in through discharge and give employees an expected time they can plan on leaving at (5:00 PM at the latest). [Location 1] has communicated to patients, in the past via a posted sign, that they should expect to be in the office 1.5-2 hours because of the volume of patients that we see.

I do have the authority to override the schedule; however, considerations need to be made if I am going to do that. A true ocular emergency (eye/vision/life threatening condition) will be seen no matter the time before I leave, or close, so a proper care or referral can be made. Anything else, I defer to the established guidelines of the clinic created by the clinic director and the managing ophthalmologist partners. In short, however, I will see pretty much anybody when I am asked to add a patient to my schedule. I will remind my co-workers that I am there to see patients.

My recollection of the events of that evening was that I was finishing up my last 2-3 patients when I was asked if I would see the patient of this complaint. That being the case, it would have been after 3:30 PM, the established clinic cut off for scheduled patients. In between patients, I was asked if I would see the patient. I was told of his concern for driving. I said that I would see the patient, but that they needed to be worked up like any

other patient; I resumed seeing my scheduled patients. In between patients, again, I was being told that the patient of the complaint was being rude to [Technician 1], a technician, and the front desk. In between patients my co-workers would come and ask me how to work up the patient, I told them to work up the patient as any other patient with his complaint: A detailed history, VAs without correction, VAs with correction, an auto-refraction, etc. Even though this would require staff to work late, [Technician 1] went to work following my instructions to the best of his ability. He was able to visual acuity without glasses and through the glasses.

Between patients, again, I was told that the patient was being rude to the front desk personnel and to [Technician 1] (I believe by [Assistant Manager 1], the assistant manager) and was refusing to go through the same protocols that every patient who comes through the office receives prior to seeing the doctor. As such, it was becoming questionable whether he was going to be seen as he was refusing to follow clinic protocols. I did review the visual acuity and saw that he was seeing 20/30 uncorrected in his right eye and 20/60 in his left eye which fulfills NAC 483.340 1(a) based on his ocular history. The patient was legal to drive without glasses. Whatever I would have been able to do for him to address his apparent, immediate, needs for driving, he could drive at least with a patch on his left eye (if he was experiencing diplopia or eye fatigue). Unfortunately, that conversation would not happen.

I finished my last scheduled patient and I was told that the patient had stopped the work-up and was not wanting to be seen by me. [Scribe 1], my scribe, who had been able to speak with him and see some of the interactions between him and our co-workers told me that he didn't want to be seen by me anymore and that I could go home, so I did.

As I stated earlier in this letter, I was able to review the records of the incident from those who interacted with the patient. I never saw the patient but was willing to see him even after the allotted time scheduled for patients to be seen in the office. I do not believe that the actions of my co-workers, nor my own actions, rise to the level of unprofessional conduct in the care and management of patients. My activities, and those of my co-workers, were in accordance with ethical standards of care in the practice of optometry.

Should you have any questions, you are welcome to contact me via email or phone as listed above.

Sincerely,
[Licensee], OD.

Medications**OPHTHALMIC MEDICATIONS**

NONE

NON OPTHALMIC MEDICATIONS

alprazolam 1 mg Oral - Dose: 1 tablet
Frequency: once a day
calcium carbonate-vitamin D3 1,000
mg-20 mcg (800 unit) Oral - Dose: 1
tablet Frequency: once a day
trazodone 150 mg Oral - Dose: 1
tablet Frequency: once a day

Ocular History

Chalazion: OS
Other: vertical strabismus OS
Retinal swelling
keratoconjunctivitis, sicca OU
Keratoconjunctivitis, sicca OU. Retinal
Swelling. Vertical strabismus, left eye

Ocular Surgery

History of left cataract extraction
History of right cataract extraction
Other: Cataract Extraction (PHACO)
With IOL OU

Social History

Reviewed November 13, 2024.
Smoking status - Never smoker

Allergies

Reviewed November 13, 2024.
No Known Allergies

Alerts

No rapid heart beat with epinephrine,
no rapid heart beat, no seizure, no
artificial heart valve, no high blood
pressure, no allergy to lidocaine, no
diabetes, no defibrillator, no shortness
of breath, no stroke, no allergy to
adhesive, no blood thinners, no
pacemaker, and no hep/hiv.

Family History

Reviewed November 13, 2024.
Family history of prostate cancer
(situation)
- Father

Family history of breast cancer gene
mutation in first degree relative
(situation)
- Sister

Medical History

Anxiety disorder
Asthma
Depressive disorder
Diabetes mellitus: Type 2
Other: pre- osteoporosis

Surgical History

Other: Hernia repair
Hernia repair

Chief Complaints:

1. Blurred vision

HPI: This is a 63 year old male who:

1. is being seen for a chief complaint of Blurred vision. Pt c/o blurred/diplopia (DV) OU, headaches, and tearing OU. Pt notes that they have to use readers over their distance gls to be able to see. Pt states that their too scared to drive.

Eye Exam**Vision**

Distance Test Type: Snellen Chart Distance Correction Type: Glasses

Dcc OD 20/60 +2
OS 20/60 -1
PH: 20/30

Dsc OD 20/30
OS 20/60

Impression/Plan:

1. Incomplete Visit
(Z02.9)

Plan: Incomplete Visit.

The patient did not complete their scheduled appointment.

Staff:

[REDACTED], OD (Primary Provider) (Bill Under)

Electronically Signed By: [REDACTED], OD, 04/15/2025 08:59 AM PDT

Medications
OPHTHALMIC MEDICATIONS
NONE

NON OPHTHALMIC MEDICATIONS
alprazolam 1 mg Oral - Dose: 1 tablet
Frequency: once a day
calcium carbonate-vitamin D3 1,000 mg-20 mcg (800 unit) Oral - Dose: 1 tablet
Frequency: once a day
trazodone 150 mg Oral - Dose: 1 tablet
Frequency: once a day

Ocular History
Chalazion: OS
Other: vertical strabismus OS
Retinal swelling
keratoconjunctivitis, sicca OU
Keratoconjunctivitis, sicca OU. Retinal Swelling. Vertical strabismus, left eye

Ocular Surgery
History of left cataract extraction
History of right cataract extraction
Other: Cataract Extraction (PHACO) With IOL OU

Social History
Reviewed November 13, 2024.
Smoking status - Never smoker

Allergies
Reviewed November 13, 2024.
No Known Allergies

Alerts
No rapid heart beat with epinephrine, no rapid heart beat, no seizure, no artificial heart valve, no high blood pressure, no allergy to lidocaine, no diabetes, no defibrillator, no shortness of breath, no stroke, no allergy to adhesive, no blood thinners, no pacemaker, and no hep/hiv.

ROS
Provider reviewed on Feb 28, 2025.

A focused review of systems was performed including Allergic / Immunologic.
No Allergies.

Family History
Reviewed November 13, 2024.
Family history of prostate cancer (situation)
- Father

Family history of breast cancer gene mutation in first degree relative (situation)
- Sister

Medical History
Anxiety disorder
Asthma

Chief Complaints:
1. diplopia

HPI: This is a 62 year old male who:
1. is being seen for a chief complaint of diplopia. Pt notes he is here for a follow up from having diplopia. Pt interested in possibly having muscle surgery. Pt notes diplopia is about the same

Pt has been undergoing neuro work up.

Eye Exam
Vision
Distance Test Type: Snellen Chart Distance Correction Type: Glasses Near Correction Type: Glasses
Dcc OD 20/20 -1 Ncc OD J2
OS 20/20 -1 OS J2 -1
OU 20/20 -1 OU J1+

Wearing
Glasses
Eyeglass:
Usage: Progressive; Binocular PD: 63.0 (Dist) 59.0 (Near)
Eye Measurement HP HB VP VB SO VD MPD-D MPD-N DCC NCC
OD -1.00 +0.75 x 045 5.0 Base Up 13.75
Add: +2.50
OS -1.75 +1.00 x 147 5.0 Base Down 13.75
Add: +2.50

Auto Refraction
Auto Refraction Type: Non-Dilated AR; Binocular PD: 63.0 (Dist) 59.0 (Near)
Eye Measurement DCC NCC
OD -0.50 +0.25 x 061
OS -1.50 +1.50 x 161

Keratometry
Flat Axis Steep Axis Mires Quality Method
OD 44.00 170 45.50 080
OS 45.00 180 45.00 090

Manifest Refraction
Binocular PD: 63.0 (Dist) 59.0 (Near)
Eye Measurement HP HB VP VB SO VD MPD-D MPD-N DCC NCC
OD -0.50 +0.25 x 055 13.75 20/20
Add: +2.50
OS -1.50 +1.25 x 160 13.75 20/20
Add: +2.50
OU J1+

Titmus Stereo Test:
Table with 2 columns: Test Name, Result. Rows include Stereo Fly Wings (Correct), Animals Row A (Correct), Animals Row B (Correct), Animals Row C (Correct), Four Dots - Box 1 (Correct), Four Dots - Box 2 (Incorrect), Four Dots - Box 3 (Incorrect), Four Dots - Box 4 (Incorrect), Four Dots - Box 5 (Incorrect), Four Dots - Box 6 (Incorrect), Four Dots - Box 7 (Incorrect).

Visit Note - February 28, 2025

PMS ID: Sex: DOB: MRN:

Male

Depressive disorder
Diabetes mellitus: Type 2
Other: pre- osteoporosis

Surgical History

Other: Hernia repair
Hernia repair

Four Dots - Box 8	Incorrect
Four Dots - Box 9	Incorrect

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	21		02/28/2025 02:00 PM PST	Pneumotonometer
OS	18		02/28/2025 02:00 PM PST	Pneumotonometer

Diagnostic Drops

	Drops Used	Staff	Date	Notes
OD	Fluress		02:01 PM PST	
OS	Fluress		02:01 PM PST	
OD	Tropicamide 1%	MD	02:54 PM PST	
OS	Tropicamide 1%	MD	02:54 PM PST	

Patient counseled about blurry vision and problems driving after dilation.

Motility: Full OU

Motility Other:
eso OS

Visual Field Test Type: Confrontation Visual Fields

Visual Field Test Result: Full to Confrontation OU

Color Vision

	Correct	Plates
OD	2	14
OS	2	14

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:

OD Cornea: clear cornea

OD Anterior Chamber: deep and quiet anterior chamber

OD Iris: normal iris without rubeosis

OD Lens: PC IOL open capsule

A dilated exam of the optic disc was performed OD.

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: PC IOL open capsule

A dilated exam of the optic disc was performed OS.

, MD (Primary Provider) (Bill Under)

Ophthalmoscopic examination of optic disc OD:OD: **CD ratio 0.4**

OD Optic Disc: flat and normal disc

A dilated fundus exam was performed OD.

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

General Appearance of the patient is well nourished.

Orientation: alert and oriented x 3.

Mood and affect: no acute distress.

Ophthalmoscopic examination of optic disc OS:OS: **CD ratio 0.35**

OS Optic Disc: flat and normal disc

A dilated fundus exam was performed OS.

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

Impression/Plan:

1. **Hypertropia OS** - New glasses printed. Rec to re measure muscle in 2m.
(H50.22)

Plan: Counseling - Hypertropia.

I counseled the patient regarding the following:

Hypertropia is a vertical misalignment of the eye in which it drifts upward and is sometimes associated with double vision or amblyopia (vision loss) in a child. It may be an isolated finding or associated with ocular syndromes and/or systemic disease. Further testing is sometimes necessary and includes neuroimaging and blood work. Treatment modalities include observation, prism eye glasses, or eye muscle surgery.

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

Plan: Refraction.

Cycloplegic Refraction was performed OU.

Indication: Hypertropia OS

Plan: F/U for Next Visit.

The patient should be scheduled for the following on 2 months:

- muscle follow up

Instructions: **Wants SW office

GLASSES RX DETAILS

	SPHERE	CYLINDER	AXIS	ADD	H PRISM	BASE	V PRISM	BASE	SEG HGT	OC HGT	DEC DIST	INSET	START	EXP. DATE
OD	-0.50	+0.25	055	+2.50			5.0	UP					02/28/25	02/28/26
OS	-1.50	+1.25	160	+2.50			5.0	DOWN					02/28/25	02/28/26

ADDITIONAL INFORMATION

Active Yes

Staff:

MD (Primary Provider) (Bill Under)



702-759-8600
WWW.DESERTRAD.COM
Facebook Twitter LinkedIn

MEDICAL IMAGING REPORT REPORT STATUS: FINAL

Name:	[REDACTED]	DOB:	[REDACTED]
Patient ID:	[REDACTED]	Gender:	Male
Exam Date:	10/27/2023 10:16 AM	Site:	SOUTH RAINBOW
Age:	61Y 7M	Acc #:	[REDACTED]
Exam Name:	MR BRAIN W WO CONTRAST 70553		
Pt Status:		Secondary Acc #:	[REDACTED]
Referrer:	[REDACTED] MD		
Ref Address:	[REDACTED]		

MR BRAIN WITHOUT AND WITH CONTRAST

HISTORY: Vertical strabismus. Diplopia

COMPARISON: August 2023.

TECHNIQUE: Multiplanar MRI imaging of the brain pre-and postcontrast.

CONTRAST: ProHance 18 ml IV. 2 cc discarded

FINDINGS:

Corpus close and demonstrates of the posterior body. Small/flattened appearance of the pituitary gland. No Chiari malformation.

Arterial flow voids are grossly patent. Venous sinus flow-voids are patent.

Several foci of punctate hypointensity is seen in the frontal scalp in the left superior preseptal region. Possibly sequela of prior procedure or foreign body.

Mild prominence of CSF along the cerebellum. Mild parenchymal volume loss. The included orbits are grossly unremarkable. Changes of prior cataract surgery.

No restricted diffusion to suggest acute infarction.

No significant parenchymal signal abnormalities. No significant white matter disease.

Postcontrast images demonstrate no pathologic intracranial enhancement. Small focus of increased signal in the right of the frontal horn of the right lateral ventricle on axial images is not seen on the coronal postcontrast images of the orbits and favored to be artifactual.



702-759-8600
WWW.DESERTRAD.COM



MEDICAL IMAGING REPORT REPORT STATUS: FINAL

Name:	[REDACTED]	DOB:	[REDACTED]
Patient ID:	505501576	Gender:	Male
Exam Date:	10/27/2023 10:15 AM	Site:	SOUTH RAINBOW
Age:	61Y 7M	Acc #:	5 [REDACTED]
Exam Name:	MR ORBITS W WO CONTRAST 70543		
Pt Status:		Secondary Acc #:	5 [REDACTED]
Referrer:	[REDACTED] MD		
Ref Address:	[REDACTED]		

MR ORBITS WITHOUT AND WITH CONTRAST

HISTORY: H53.2 H50.22

COMPARISON: None.

TECHNIQUE: Before IV contrast administration, thin section axial, sagittal, and coronal imaging was performed through the orbits with T1 weighted and T2 weighted imaging, without and with fat saturation. After IV contrast, axial and coronal thin section images with and without fat saturation were performed through the orbits.

CONTRAST: Intravenous ProHance from a single use vial, injected 18ml/2ml discarded.

FINDINGS:

Focus of of hypointense signal along the superior aspect of the left preseptal soft tissues. Could represent a small foreign body. Does not have an aggressive appearance.

No abnormal proptosis of the globes. Status post cataract surgery. No abnormal dilatation of the optic nerve sheaths. Lacrimal glands are symmetric bilaterally.

Right optic nerve unremarkable. Left optic nerve unremarkable. Optic chiasm unremarkable. Anterior cerebral arteries are seen abutting the superior surface of the optic chiasm. Extraocular muscles demonstrate no abnormal thickening.

Post contrast images demonstrate slight asymmetric enhancement along the right optic nerve on a coronal series image 23, 24 and 25. No abnormal enhancement along the left optic nerve. No corresponding T2 signal abnormality.

Mild T2 signal change within the left cheek cutaneous tissues just inferior to left orbit. Please correlate with physical exam.

Electronically Signed By: [REDACTED] MD, [REDACTED] /09/2023 02:53:30 PM

Continued...

Name: [REDACTED]
Patient ID: [REDACTED]Date of Birth: [REDACTED]
Gender: Male
Location: SRB

Partial visualization of pineal cyst.**IMPRESSION:**

Slight asymmetric enhancement along the course of the posterior right optic nerve on coronal post contrast series image 23 through 25. No corresponding T2 signal abnormality. Could be vascular in etiology or artifactual. Less likely optic neuritis or neoplasm. Please correlate for any right visual deficits. Consider 6 month MRI ORBIT follow-up..

Mild T2 signal changes in the cutaneous tissues of left cheek just below the left orbit. Please correlate with physical exam

Report Electronically Signed by: KAVEH KARDOONI DO
Report Electronically Signed on: 10/27/2023 10:40 AM

Transcribed By:**Signed by:** KAVEH KARDOONI DO
Finalized Date: 10/27/2023 10:40 AM

CONFIDENTIALITY NOTICE This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure or re-disclosure of which it is governed by applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message by error, please notify Desert Radiology immediately by phone and return the original message to us by mail. Thank you.

USA

USA

[illegible]

Communication:
May 2, 2025

PMS ID: Sex: DOB: MRN:
Male

Insurance called

Sara from UHC called regarding patient mailing glasses back for a full refund. They said that they had left a message prior, but no one called back. Patient has a pair of glasses that has been made but they have not worked correctly for patient. I explained to insurance that I would speak with optical manager for her to return his call. She was pleased. I hung up and called Helen to explain situation. She will call patient to discuss.

PRELIMINARY

Communication:

April 28, 2025

PMS ID: Sex: DOB: MRN:

Male

Returned patient message

I spoke with patient on 4/25/2025. Patient wanted to discuss matter that occurred last time he was in office. He wanted to say that he felt unattended to, his last visit. He stated that the employees especially front office was rude to him. He stated that he should never been talked to in the manner that he was talked to. He stated that he has a disability and was treated poorly. He said that the doctor had a responsibility to see him. He was experiencing headaches, red and watery eyes. He felt unsafe to drive. According to employee statements, patient was rude and yelled and demanded employees to see him. Patient was eventually asked to leave because of the rudeness to staff. Patient states that he will keep his appointment on 5/1/2025 but will be looking for another specialist. If he does not need appointment, he will call to cancel.

PRELIMINARY

Communication:
April 18, 2025

PMS ID: Sex: DOB: MRN:
Male

Called patient

Called patient to discuss complaint and upcoming appointment. LM on VM

PRELIMINARY

Patient came in as a walk-in and was directed to Jaime due to her being the only one up front. It was noted patient was in a distressed emotion when he had came into the office. I, Gerald, was up front sending a fax over for another patient, this patient had then passed across the front office from the side waiting area to the middle hallway, on the phone (unknown who with). He then passed by me to go to the front lobby in which he then notified me he felt he needed to see a provider, I then notified him Jaime was speaking to my DR (Dr. [REDACTED]) regarding any and all information given to her, he acknowledged that information with a well mannered and nice attitude and I directed him to have a seat and he would be called back reg the next step. After about 5-10 mins, the patient was already called back to see Dakota who was going to work him up for the doctor, he was walking towards the front lobby and he had notified me once again he was going to have a seat up front, seeming somewhat stressed out. Unfortunately Dr. [REDACTED] did not have all the patient history we needed to help the patient, Dakota was then instructed to call back the patient one last time for the remaining history, that was when the patient had become irradicably frustrated expressing his concerns of him not going to be seen (patient was going to be seen). I had heard a commotion out in the middle waiting area from doctors room #2, I in turn proceeded to step that way to see if I could be of any assistance. When I rounded the corner it was visibly noticeable the patient was in a disagreement with Jaime which later in time I had come to find out it was because the patient was being rude to Dakota when all Dakota needed was said remaining history as ordered by Dr. [REDACTED] and I. Prior to the argument, Dakota was instructed by me if the patient denied any history taking/ additional testing the doctor needed, we were not going to be able to find a solution for him. As i had come into the hallway to assess the commotion, Jaime had decided to step away from the patient and the situation itself. It was brought to my attention how the patient was feeling and overall reacting to everything. I stepped in to try to figure out our next step with his visit, patient stated to me that he wanted to see the optometrist (Dr. [REDACTED]) but then stated "well what is the optometrist going to do? " and i replied "hes going to refer you back to our "prism specialist"" he then notes that he wanted to see a "prism doctor " within the next 2 days, Jaime had already offered and scheduled the patient with Dr. [REDACTED] on May 1st. The patients visual acuity was checked with and with out corrections during todays visit, it indicates his vision is better without any correction. As this discussion continued, the patient then stated he didn't want to see the optometrist, he wanted a referral. I informed the patient that we were not going to 'just' write a referral to a 'prism doctor', he needed to be seen. The patient kept going back and forth, seeming he was unsure himself what he wanted. He then proceeded to head over to the front lobby to "call his lawyer", this was when Jaime came in contact with [REDACTED]. Dr. [REDACTED] was then directed by me (with the patients decision of not wanting to see the doctor) to head home for the day. At this time Dakota and I had gone to the patient to escort him out of the office, he was distressed and it was expressed he felt we did not help him get the referral he was looking for nor see the doctor, when it was previously stated he didn't want to see the optometrist he only wanted the referral. He expressed his wanting of this entire experience to be recorded and documented and i then

Communication:
April 14, 2025

PMS ID: Sex: DOB: MRN:
Male

stated to the patient "it all is documented and on file, you may come pick it up tomorrow morning, please exit the premises at this time." He calmly agreed and left.

Electronically Signed By: , OSC, 04/14/2025 06:21 PM PDT

Communication:

April 14, 2025

PMS ID: Sex: DOB: MRN:

Male

4/14/25

Pt came in explaining that they are too scared to drive as their vision and pain from their headaches is making them scared to drive.

Pt was brought in to confirm the current issue and to be triaged. Pt then notes that they do not want to see anyone except the Dr. Pt was told that we need some preliminary tests. Pt then explains that they need to see the Dr only. I explained to them that I needed to ask the Dr what the next step should be. I came back to the room where the Pt was in and they had left said room. When Pt returned to the room he then began to raise his voice at me, Jamie then explained to the Pt that they should calm down and talk normally. Pt then demanded to see the Dr that second. Pt was told that we needed some more info the Pt then grew more agitated and began recording the conversation. All staff involved began to step away as to not make the situation worse. Pt wanted to have a referral to a Dr that makes gls with prism. Pt then called their lawyer/insurance (unknown which). Pt then was told that they would need to come back for the referral as the Dr has left by this point. Pt was then asked to leave at which point they demanded that everything be documented.

PRELIMINARY

“I did review the visual acuity and saw that he was seeing 20/30 uncorrected in his right eye and 20/60 in his left eye which fulfills NAC 483.340 1(a) based on his ocular history.”

NAC 483-DRIVERS’ LICENSES; DRIVING SCHOOLS AND DRIVING INSTRUCTORS

NAC 483.340 Vision screening standards. ([NRS 481.051](#), [483.220](#), [483.360](#))

1. The following summary of vision standards consists of minimum levels of acceptable vision and the restrictions that will be imposed on a driver if he or she fails to meet those minimum levels:

- (a) Vision with no progressive abnormalities or diseases of the eye:
 - (1) Better than and including 20/40 - full driving privileges.
 - (2) Worse than 20/40 through and including 20/70 - daylight driving only.
 - (3) Worse than 20/70 - not eligible to be licensed.
- (b) Vision with progressive abnormalities or diseases of the eye:
 - (1) Better than and including 20/40 - full driving privileges.
 - (2) Worse than 20/40 through and including 20/60 - daylight driving only and yearly visual examination.
 - (3) Worse than 20/60 - not eligible to be licensed.
- (c) Drivers with vision of 20/100 or worse in one eye and the vision in the other eye is:
 - (1) Better than and including 20/40 - full driving privileges.
 - (2) Worse than 20/40 through and including 20/50 - daylight driving only and yearly visual examination.
 - (3) Worse than 20/50 - not eligible to be licensed.

2. A person who fails to meet the minimum levels of acceptable vision for a license may not be licensed to drive, and the Department shall not administer a driving test to that person. A person who fails to meet minimum standards may submit a medical report by a physician or optometrist licensed to practice in this State for consideration by the Department. The Department may request additional opinions or supporting information if a medical report is questionable or unclear. All medical reports are advisory and are not binding on the Department.

[Dep’t of Motor Veh., License for Disabled Persons Reg. § VI, eff. 4-29-82]—(NAC A by R015-97, 11-14-97; R065-12, 11-1-2012)

Materials for Item No. 8 re

Complaint 25-18

- Inquiry letter (25-18) (redacted)
- Licensee 1 response
- Licensee 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

June 2, 2025

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

Re: NSBO Complaint# 25-18
Complainant: [Complainant name]

Dear Dr. [Licensee 1]-

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:

I visited [Location 1] today, May 30th, 2025 and left so upset upon seeing Dr. [Licensee 1]. First off he was so rude and passive aggressive the moment I came inside of the examination room. He was doing an eye test and letting me read through the letters while he was trying on some lenses on me, though it is normal for doctors to do that I do not appreciate him rudely removing the glasses off my face and pulled some of my hair tucked behind my ear when he did not like my answer to his question whether the newly glasses added to the frame is better or not.

After that he proceeded on calling me a liar for giving him the wrong readings as I am not being honest to him as per the doctor. He kept mentioning I do not need that much power and that I was lying. He then instructed me to remove my contact lenses again so he can re-test me which still gave him the same readings. He even went far as making me grab my previous record from his assistant just to prove something. I have had glasses my whole life and why would I lie for my eye exam knowing I will be wearing the prescription glasses and contact lenses?

On top of that he is not respectful of personal space. 6 months ago when I visited the vision center I remember him putting my legs inside of his legs which I mentioned to my husband and brushed it off as I did not want to make a big deal

out of it and it could be unintentional. But upon my visit today he proceeded to touch my face and order me to sit down on a chair in front of him which I was confused at first so I just stood behind his back until he moves but he ordered me to sit down so I was obliged to sit down even if he was in front of it and I will be cornered in the same position with his legs brushing mine with little to no space. Again it could be unintentional but upon going back to work I mentioned to my manager how upset I was with my vision dr's appointment and she voiced out that she had a similar experience 2 months ago with the same doctor. She narrated how he would "accidentally" brush his elbows to her boobs during the visit which made me more uncomfortable knowing that it might not be an accident.

I left there so upset and when I was ordering the prescription from the front desk I told them what happened and they asked if I have a trial pair of contact lenses which I wasn't given any. They said if the prescription I was prescribed today is giving me issues just let them know so they can re-test again.

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.

If presented to the Board, this matter will be presented in a double-blind manner, i.e., the identity of yourself, your practice, and the patient will not be disclosed so as to allow an objective review of the allegations and response. **Therefore in your response refer to yourself as "Licensee 1," your practice as "Location 1" and the patient as "patient" or "complainant," and do NOT place your response on your office letterhead.**

Your reply to director@nvoptometry.org is due on or by the close of business **July 2, 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).

Respectfully,

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

1 RICK R. HSU, ESQ.
2 Nevada State Bar No. 5374
3 MICHELLE MOWRY-WILLEMS, ESQ.
4 Nevada State Bar No. 14929
5 MAUPIN, COX & LeGOY
6 4785 Caughlin Parkway
7 Reno, NV 89519
8 (775) 827-2000
9 rhsu@mcllawfirm.com
10 mmowry-willems@mcllawfirm.com
11 *Attorneys for Licensee 1*

12 **LICENSEE 1'S POSITION STATEMENT**

13 Licensee 1 hereby submits this Position Statement in connection with the Request issued
14 by the Nevada State Board of Optometry ("*Board*") on June 2, 2025. The Request was issued in
15 response to a Complaint made by a patient of Licensee 1's ("*Patient*").

16 **I. FACTUAL OVERVIEW**

17 Licensee 1 is an accomplished optometrist who has been practicing for over forty (40)
18 years. On May 30, 2025, Patient had a routine eye appointment with Licensee 1. The examination
19 was professional and consistent with the exemplary care Licensee 1 has been providing to patients
20 throughout Licensee 1's accomplished career. Patient filed a Complaint on May 30, 2025
21 ("*Complaint*").

22 Patient makes the following allegations in the Complaint: 1) Licensee 1 was "rude" and
23 "passive aggressive"; 2) Licensee 1 pulled the Patient's hair; 3) Licensee 1 called Patient a "liar;"
24 4) Licensee 1 "is not respectful of personal space;" 5) Licensee 1 touched the Patient's face; 6)
25 Licensee 1 "would 'accidentally' brush [Licensee 1's] elbows" to another patient's breasts during
26 that patient's eye examination; and 7) Patient did not receive a pair of trial contact lenses from
Licensee 1.

Licensee 1 disputes all of the allegations in Patient's Complaint, taking particular issue
with Patient's apparent attempt to bring another patient's complaint before this Board. First,
regarding the allegation that Licensee 1 was "rude" and "passive aggressive," Licensee 1 is

1 business-like and professional in manner and disputes being intentionally rude to Patient or any
2 other patients.

3 Second, regarding the allegation that Licensee 1 pulled the Patient's hair, Licensee 1 does
4 not recall pulling the Patient's hair during this particular examination; however, any pulling of hair
5 that may have occurred was unintentional and accidental. Third, Licensee 1 has never called a
6 patient a liar and did not call this Patient a liar. While trial framing a patient, it can take the use of
7 several different lenses before finding an accurate fit. While this may have been a frustrating
8 process for Patient, Licensee 1 was merely attempting to obtain an accurate prescription.

9 Fourth, regarding the allegation that Licensee 1 is not respectful of personal space, as this
10 Board is well aware, the practice of optometry requires the doctor to be in very close proximity to
11 patients. It is possible Licensee 1 requested the Patient close her legs so Licensee 1 could get close
12 enough to use the phoropter. Any perceived disrespect of personal space is incidental to the
13 practice of optometry, was not intentional and was done in Licensee 1's effort to provide a
14 professional and accurate exam to Patient.

15 Fifth, regarding the allegation that Licensee 1 touched the Patient's face, while this may
16 have occurred during the eye exam as incidental contact due to the close proximity of many of the
17 steps of an eye exam, Licensee 1 did not touch the Patient's face before the exam had begun.

18 Sixth, regarding the allegation that Licensee 1 "would 'accidentally' brush [Licensee 1's]
19 elbows" to another patient's breasts during that patient's eye exam, Licensee 1 vehemently denies
20 these allegations. Licensee 1 also objects to Patient's raising this allegation in Patient's Complaint.
21 Licensee 1 respectfully requests that the Board disregard this improper and patently false
22 accusation.

23 Finally, regarding the allegation that Patient did not receive a pair of trial contact lenses
24 from Licensee 1, Licensee 1 was unable to provide Patient with a pair of trial contact lenses
25 because only one of the lenses with the Patient's prescription was in stock.
26

1 For the reasons stated more fully below, Licensee 1 respectfully requests dismissal of
2 Patient's Complaint and the closure of this investigation.

3 II. ARGUMENT

4 A. Overview of Applicable Law

5 NRS 636.295 provides in relevant part as follows: The following acts, conduct, omissions,
6 or mental or physical conditions, or any of them, committed, engaged in, omitted, or being suffered
7 by a licensee, constitute sufficient cause for disciplinary action:
8

9 ...

10 8. Perpetration of unethical or unprofessional conduct in the practice of optometry.
11 NAC 636.230 provides as follows: "For the purposes of NRS 636.295, the Board will consider the
12 failure of a licensee to comply with any provision of a federal, state or local law, ordinance or
13 regulation relating to the provision of optometric services, including, without limitation, any
14 provision of this chapter or chapter 636 of NRS, to constitute unprofessional conduct."

15 NRS 636.300-NRS 636.303 enumerate specific instances of unethical or unprofessional
16 conduct, related to the improper use of prescription blanks; division of fees; advertising and
17 malpractice, among others.

18 B. Licensee 1 Did Not Engage in Unprofessional Conduct.

19 Licensee 1 did not engage in unprofessional conduct. Licensee 1 disputes all of the
20 allegations stated in Patient's Complaint. First, Licensee 1 is business-like and professional in
21 manner and disputes being intentionally rude to Patient. Second, Licensee 1 did not intentionally
22 pull the Patient's hair, though an accidental pulling of hair may have occurred due to the inherent
23 nature of an eye examination. Third, Licensee 1 has never called a patient a liar and did not call
24 this Patient a liar. Fourth, Licensee 1 is as respectful of personal space as possible given the
25 inherent proximity required for an accurate and effective eye exam. Any perceived invasion of
26 personal space by Patient was unintentional and incidental to the practice of optometry. Fifth,

1 Licensee 1 did not touch the Patient's face before the exam had begun, and any touching of the
2 Patient's face during the exam itself was incidental to the eye exam. Sixth, Licensee 1 vehemently
3 denies ever touching a patient inappropriately. This allegation is particularly upsetting given
4 Licensee 1's exemplary career and history of service to optometry patients. Moreover, it is
5 improper for Patient to attempt to litigate another individual's claims in Patient's own Complaint.
6 The Patient would not have been present during the other patient's eye examination and therefore
7 has no personal knowledge of what occurred. This patently false and improper allegation should
8 be disregarded by the Board.

9 Finally, Licensee 1 was unable to provide Patient with a pair of trial contact lenses because
10 only one of the lenses with the Patient's prescription was in stock.

11 The stated purpose of the Board is to "protect the health and safety of Nevadans through
12 the regulation and oversight of the practice of optometry in the State." See
13 <https://nvoptometry.org/>. The allegations contained in the Complaint are patently false and do not
14 constitute unprofessional conduct warranting a complaint. Licensee 1 has violated no federal, state
15 or local law to warrant a finding of unprofessional or unethical conduct. Licensee 1 has always,
16 and will continue to, abide by Licensee 1's high standards of exemplary care and professionalism
17 and respectfully requests dismissal of Patient's Complaint.

18 III. CONCLUSION

19
20 For the reasons stated above, Licensee 1 requests dismissal of Patient's Complaint and the
21 closure of this investigation.

22 DATED this 30th day of June, 2025.

23 MAUPIN, COX & LeGOY

24
25 By: Michelle Mowry-Willems
26 Rick R. Hsu, Esq.
Michelle Mowry-Willems, Esq.
Attorneys for Licensee 1

Dr. _____ OD

1194 1509 3400

NV,

PH: (

/ Fax: , , , ,

Today's Date: 5/29/25

Patient Information

Last Name: _____ First Name: _____
Age: 26 Date of Birth: 1/1/1 Phone #: _____
Address: _____ Apt/Spc: _____
City: _____ State: NV Zip Code: _____

Insurance/ Policy Information

Please Circle One:

VSP Eyemed Spectera AARP Avesis AlwaysVision
UMR Healthscope Other: _____

Last Name: _____ First Name: _____
Date of Birth: _____ Last 4 of SSN/Member #: _____
Employer: JTI / Leggett Relationship to Patient: Spouse

** By signing below, I consent to treatment necessary for the care of the patient named above. I authorize the release of my optometry records by USPS or facsimile to other medical providers and to my insurance company if necessary. I accept responsibility for all charges incurred and understand that payment is due at the time of service unless financial arrangements are made prior to the provider. If the insurance claim is denied or does not pay in full, I accept responsibility for the balance. I authorize payment of vision benefits to Dr. Tyson Kales. I hereby certify that I have read and fully understand the statements above, that all information supplied by me is true and correct. **

I HAVE RECEIVED AND READ HIPPA REGULATIONS:

X _____ Date: 5/29/25
Signature of Patient, Parent, Legal Guardian

** CO-PAYS ARE DUE AT THE TIME OF SERVICE **

on Alcon Total 300 Toric 8-6 14.5 n-600-225 X 180
OS Alcon Total 300 Toric 8-6 14.5 - 600-225 X 180
w/ T = Full time V A of scis dist - today full time
on 2/20 OS 2/20 OS 2/20

Name C Date 5-24-25
DOB: AGE: 22 DILATION Y (N) Dr. Ch
CC: 1 year
PEHx: none PMHx: NMC
FEHx: NMC FMHx: NMC
MEDS: NONE
ALLERGIES:
NT. DRIVING: COMP. FATIGUE: SUN SENS: HEADACHES:
HOW DID YOU HEAR ABOUT OUR OFFICE:
HABITUAL RX: OD: -675-250 X 180 PD: OD/ 61 OS/
 OS: -675-250 X 180 ADD:
VA'S Aided 25 OD: 20/ 25 PH: 20/ OU: 20/ 25
Unaided 400 OS: 20/ 400 PH: 20/ 400
NCT: 130 OD: 16 mmHg GAT: OD: mmHg
(time) OS: 16 mmHg (time) OS: mmHg
BP: 1 mmHg Kms: OD: 42/43 OS: 42/43 mmHg
 @ 170 @ 170
FIELDS: NORMAL ATTACHED
BOMS: NO RISK PUPILS: Pupil
RETINOSCOPY: OD: -750-225 X 171 VA: 20/
 OS: -7.25-225 X 180 VA: 20/
SUBJECTIVE OD: -700-250 X 180 VA: 20/20
 OS: -700-250 X 180 VA: 20/20
NPC: ADD: OU: 20/ 2
NRA: H-PH/TROP (40CM) BI:
PRA: V-PH/TROP (40CM) BO:
DIAGNOSIS: 1) Myopia astigmat
2)
TREATMENT: 1) Glasses - S.V Monthly Toric SCL
2)
FINAL STR of CL Rx: Suh 14 DA

EM 45 (86)

SLE-1 AND BROADBENT

CORNEA-

LENS-

SCLERA-

AC-

ALL STRUCTURES UNREMARKABLE ✓

OPHTHALMOSCOPY:

direct

indirect ✓

3.2

CD RATIO-

MACULA-

normal, GU

LENS-

clear

PERIPHERY-

WNL's

VITREOUS-

clear

VESSELS-

unremarkable

ANSWER GIVEN

Notice of Privacy Practices

Effective Date: 09.23.2013

Revision Date: 02.20.2019

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand that medical information about you is personal and we are committed to protecting it. We are required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this Notice of our legal duties and privacy practices with respect to your health information. We are required to follow the terms of the Notice that is currently in effect.

How We May Use or Disclose Your Health Information:

- **For Treatment**-to dispense and provide prescription ophthalmic goods and services to you.
- **For Payment**-so that your vision services may be billed to and payment may be collected from you, your insurance company or a third party.
- **For Health Care Operations**-Certain administrative, financial, legal, and quality improvement activities necessary for us to run our business and make sure that you receive quality customer service; these activities include store operations, quality assessment/improvement activities, business planning/development, and business management and general administrative activities, including the sale, transfer, merger, or consolidation of all or part of our business with another covered entity, or an entity that following such activity will become a covered entity, and due diligence related to such activity.
- **For Appointment Reminders and Health-Related Products and Services**-we may use and disclose health information for annual eye examination cards, to tell you about health-related products and services, or recommend possible treatment alternatives that may be of interest to you.
- **To Individuals Involved in Your Care or Payment for Your Care**-we may disclose your health information to a family member or friend who is involved in your medical care or payment for your care, provided that you agree to the disclosure, or we give you an opportunity to object to the disclosure. If you are not available or are unable to agree or object, we will use our best judgment to decide whether this disclosure is in your best interests.
- **As Required by Law**-to comply with federal, state or local law.
- **To Avert a Serious Threat to Health or Safety**-we may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be only to someone able to avert the threat.
- **For Public Health Activities/ Risk Prevention**-for public health activities, including, for example, activities to prevent or control disease or injury; report problems with products; or, report abuse or neglect.
- **For Health Oversight Activities**-to a health oversight agency for activities authorized by law. These activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections and licensure.
- **For Lawsuits and Disputes**-if you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. In response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting that information.
- **For Specialized Government Functions**-(1) if you are a member of the armed forces, as required by military command authorities; (2) if you are an inmate or in lawful custody, to a correctional facility or law enforcement official; (3) in response to a request from law enforcement, if certain conditions are satisfied; (4) for national security reasons authorized by law; and (5) to authorized federal officials to protect the President, other authorized persons or head of state.
- **For Workers' Compensation or other similar programs.**
- **Organ and Tissue Donation**-to organ procurement or similar organizations for purposes of donation or transplant.
- **Coroners or Funeral Directors**-to a coroner or medical examiner, for example, to determine cause of death. To funeral directors consistent with applicable law to enable them to carry out their duties.
- **Personal Representatives**-to a person legally authorized to act on your behalf, such as a parent, legal guardian, administrator or executor of your estate, or other individual authorized under applicable law.
- **Data Breach** - to provide legally required notices and reports and otherwise respond to unauthorized access to or disclosure of your health information.

Other Uses and Disclosures of Your Health Information

Except as described in this Notice, we will not use or disclose your health information without your written authorization. If you do authorize us to use or disclose your health information, you may revoke your authorization in writing at any time. If you revoke your authorization, this will stop any further use or disclosure of your health information for purposes covered by your written authorization, except if we have already acted on your permission. Please refer to the Notice Addendum to find out about any stricter laws in your State that we must follow when using or disclosing your health information, or any State laws that give you greater rights with respect to your health information.

You Have the Following Rights with Respect to Your Health Information.

- You have the right to request that we follow special restrictions when using or disclosing your health information for treatment, payment or health care operations, or to someone who is involved in your care or the payment for your care. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your health information to a health plan for payment as discussed below. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment and other exceptions pursuant to law.
- If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- With certain exceptions, you have the right to inspect and copy your health information. Usually, such information includes prescription and billing records. We may deny your request to inspect and copy in certain limited circumstances, in which case, you may request that the denial be reviewed.
- You have the right to request that we amend your health information if you feel that it is incorrect or incomplete. You must provide a reason supporting your request. We may deny your request if the health information is accurate and complete or is not part of the health information kept by or for us. Even if we deny your request for amendment, you have the right to submit a statement of disagreement regarding any item in your record you believe is incomplete or incorrect. If you request, this will become part of your medical record, and we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe is incomplete or incorrect.
- You have a right to request an accounting of disclosures of your health information. This is a list of disclosures we made of your health information, other than for treatment, payment, health care operations, and other exceptions pursuant to law. You must specify the time period, which may not be longer than six years and may not include dates before April 14, 2003.
- If your health information is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another entity. We will make every effort to provide access to your health information in the form or format you request, if it is readily so producible. If it is not so producible, your record will be provided in either our standard electronic format or a readable hard copy form, as you choose. We may charge you a reasonable, cost-based fee for that service.
- You have the right to be notified upon a breach of any of your unsecured health information.
- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request that we contact you only at work or at a different residence or post office box. We will accommodate all reasonable requests.

Changes to this Notice of Privacy Practices

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our store locations. If we change our Notice, you may obtain a copy of the revised Notice by visiting www.nationalvision.com, or upon request at any of our Practice locations.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Privacy Officer at 770-822-3600. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Washington, DC 20201. To file a complaint with us, please contact: Privacy Officer, Vision Center, 1000 Peachtree Street, N.E., Atlanta, GA 30309. Complaints must be submitted in writing. Forms also are available on-line at www.hhs.gov/ocr/ocomplaints.html and can be submitted by E-mail to: privacy.officer@hhs.gov. There will be no retaliation for filing a complaint.

By signing below, I acknowledge that I have received the Notice of Privacy Practices

Signature of Patient or Authorized Representative

Name of Patient or Authorized Representative

FOR DOCTOR'S OFFICE ONLY

Patient Name: L. K. L. L. Date: 4/27/24

DOB: 1/1/11 AGE: 26 DILATION Y ☒ Dr. Ch

CC: 1 yr

PEHx: None PMHx: None

FEHx: None FMHx: None

MEDS: None

ALLERGIES: _____

NT. DRIVING: _____ COMPEATIGUE: _____ SUN SENS: _____ HEADACHES: _____

HABITUAL RX: OD: -6.50 -2.50 x 178 PD: OD: 6.10 OS: _____
OS: -7.00 -2.00 x 179 ADD: _____

VA'S Aided ☒ OD: 20/ 20 PH: 20/ _____ OU: 20/ 20
Unaided OS: 20/ 20 PH: 20/ _____

NCT: OD: 15 mmHg GAT: _____ OD: _____ mmHg
(time) OS: 15 mmHg (time) OS: _____ mmHg

BP: _____ mmHg Kms: _____ OD: 45/42/43 OS: 44/41/43.00
@ 175 @ 180

EOMS: _____ PUPILS: _____

RETINOSCOPY: OD: -6.75 -2.75 x 174 VA: 20/ _____

OS: -6.75 -2.00 x 173 VA: 20/ _____

SUBJECTIVE OD: -6.75 -2.50 x 180 VA: 20/ 20

OS: -6.75 -2.50 x 180 A: 20/ 20

NPC: _____ ADD: _____ OU: 20/ 20

DIAGNOSIS: 1) myopia ast

TREATMENT: 1) laser - 5.1

2) _____

FINAL Srx or CL Rx: Sub DR

celion total 30° toric
8.6 14.5

*PATIENT DECLINED DILATION _____
OD -6.00 -2.25 x 180
OS -6.00 -2.25 x 180 9/.

SPLIT-LAMP BIOMICROSCOPY:

CORNEA-

LIDS-

SCLERA-

AC-

ALL STRUCTURES UNREMARKABLE ✓

OPHTHALMOSCOPY:

directed undilated ✓

3-2

CT RATIO-

MACULA-

LENS-

PERIPHERY-

VITREOUS-

VESSELS-

homogeneous, Of ✓

clear ✓

WNL's ✓

clear ✓

unremarkable ✓

AMSLER GRID GIVEN

Member Name:
Member ID:
Patient Account Number:
Group: Bank of America Corporation
Group ID: 1001683
Benefit Level: 2

Date of Service: 04/27/2024
Service Address: NV, I
Provider ID:
Provider Name:
Claim Reference:
Claim Status:
Benefit Category: Routine

Service	Total Charges	Contractual Write-Off	Covered Charges	EyeMed Payment	Member Resp
Fit & Follow-up, Premium	\$80.00	\$9.00		\$55.00	\$26.00
Routine Exam, Comprehensive	\$105.00	\$60.00		\$35.00	\$10.00
Refraction - Routine	\$0.00	\$0.00		\$0.00	\$0.00
Total	\$195.00	\$69.00		\$90.00	\$36.00

Click the Submit Claim button to submit the claim for processing.

EyeMed Vision Care values our members' privacy. Help us keep member information private by using the data supplied here for its intended use only.

_____, O.D.
Optometrist
LIC# _____
NPI: _____

Phone _____
Fax: _____

Patient Name _____ DOB 4-27-24

Spectacle Rx

	SPH	CYL	AXIS	ADD	PRISM/BASE	DIST. P.D.
OD	-6.75	-2.50	180			
OS	-6.75	-2.50	180			

Ultraviolet light may cause cataracts and retinal degeneration. We recommend that you have ultraviolet protection.

- | | | |
|---|---|---|
| ☐ Polycarbonate | ☐ Progressive Lenses | ☒ Anti-Reflective Treatment |
| ☐ High Index | ☐ Scratch Resistant | ☐ Light Adaptive |
| ☒ Single Vision | ☐ UV Protection | ☐ Blue Light Protection |
| ☐ Standard Bifocal | ☐ Tint | ☐ Other _____ |

EXP. Date 6-4-27-25

Contact Lens Rx

	SPH	CYL	AXIS	ADD	BC	DIA
OD	-6.00	-2.25	180		8.6	14.5
OS	-6.00	-2.25	180		8.6	14.5

Contact Lens Name

OD	Alcon TOTAL 30° Toric
OS	11 11

NOTE TO DISPENSING OPTICIAN: Please direct patient to the prescribing doctor for fitting evaluation and follow-up visits. Dispensing optician will provide removal training and care instructions.

- | | | |
|--|---|---|
| ☐ Daily Disposable | ☒ Toric | ☐ Cosmetic Lenses |
| ☐ Biweekly Disposable | ☐ Multifocal | ☐ Approved for Annual Supply |
| ☐ Monthly Disposable | ☐ RGP | ☐ Eyeglasses Recommended |

EXP. Date 6-4-27-25 # of refills _____

Date: 4-27-24

Doctor's Signature _____

In accordance with 16 CFR Part 315.3, patient confirms receipt of this Contact Lens Prescription

Patient Signature: _____ Date: _____

Materials for Item No. 9 re

- Clover start up

Gravity Forms /Authorize.Net Integration Overview Powered by NSB Merchant Services.

Gravity Forms is a WordPress form builder that offers a payment add-on to connect with Authorize.Net, allowing users to accept credit card payments directly on their websites.

Integration Steps:

1. Gravity Forms License – You'll need at least a Pro or Elite license to access the Authorize.Net Add-On.
2. Install Authorize.Net Add-On – Install and activate it from the Gravity Forms Add-Ons section.
3. Authorize.Net Account – You must have a merchant account with Authorize.Net.
4. API Credentials – Enter your Authorize.Net API Login ID and Transaction Key into the Gravity Forms settings.
5. Create a Payment Form – Add payment fields (like credit card fields) to your form.
6. Feed Configuration – Set up a "feed" in Gravity Forms that defines how the form connects to Authorize.Net (e.g., amount, customer name, description).
7. Test Mode – Optionally enable sandbox mode to test transactions without charging real money.

Features of the Integration:

- One-time and recurring payments
- Real-time credit card processing
- Conditional logic (e.g., only show payment fields if certain criteria are met)
- Custom confirmations and receipts

Processing Fees:

- Monthly Gateway Fee: \$14.95 (Includes encryption and PCI Compliance)
 - Transaction Fee: ~~2.8%~~² + \$0.10 per transaction for E-commerce. 1.99% + .10 for card present transactions
 - Daily Batch Fee: \$0.0
 - You pay processing fees through your merchant account provider (typically ~1.7% to 2.5% depending on card type)
-

Summary:

- **Best For:** Businesses using WordPress who want to collect payments directly via forms
- **Setup Effort:** Moderate (requires API setup and secure hosting)

Materials for Item No.10 re

- Minutes 6-16-2025 Board meeting

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

MINUTES
OF PUBLIC MEETING
June 16, 2025

1. **Call to Order.** Mariah Smith, O.D. opened the live meeting at 12:01p.m.
2. **Roll Call.** Dr. Smith read the Zoom log-in information into the record for AB 219 compliance as Meeting ID: 840 8061 6661, Passcode: 782812, telephone 1 669 900 6833. Board members Sally Balecha, Mariah Smith, O.D., Julie Alamo-Leon, O.D., Jeffrey Austin, O.D., and executive director Adam Schneider, Esq. were present via Zoom. Quorum established.
3. **Public Comment.** Dr. Smith invited public comment. No public comment received.
- 4.¹ **For Board Discussion and Possible Action.** Consideration and approval of May 19, 2025 Board Meeting Minutes. Dr. Smith confirmed all present Board members had an opportunity to review the draft. Dr. Smith moved to accept as written. Dr. Austin seconded. Dr. Alamo-Leon abstained. Motion passed 3-0.
- 5.² **For Board Discussion and Possible Action.** Consideration and approval of FY2025-2026 budget; Review of 2022-25 Income and Expenditures; Consideration and decisions regarding proposed budget and factors for 2025-2026. Director Schneider stated that the Board's accountant Lesley Berg was present to discuss and answer any questions from the Board regarding the proposed budget and spreadsheets. Director Schneider discussed that the last audit flagged the budget as deficient, and at his request the Board approved increased operating expenses to have bona fide accounting services. Director Schneider stated the meeting material's P&Ls are now in line with Generally Accepted Accounting Principles (GAAP); hence the difference in template and entries from years' past.

Director Schneider stated that in consultation with Ms. Berg and their review of the numbers, the Board has been running in deficit for years with a substantial increase in the deficit in fiscal year 2022. This is existential and at present rates the Board will run out of funds in approximately Q2 of 2027, and therefore drastic measures have to be taken. Less drastic measures could have been avoided but for the approximate \$155,000 given back to the licensees in approximately March 2022. Thus the Board now needs that money back, and this analysis already factors in the approximate \$400,000 capital injection coming in Q1 2026. Another short-term culprit is the COLAs and raises in recent years, especially in 2021-2023 which caused increased expenses but with no increased

1 This is listed as the first action item, but was discussed second after Item no. 5.

2 This is listed as the second action item, but was taken out of order and discussed first.

revenue to offset them. In concert with Ms. Berg, the meeting materials include a proposed balanced budget for perhaps the first time in 10 years where balancing the budget necessarily means:

- 1) increasing license renewal fees by \$100/per or \$150/per, i.e. license renewals of \$850/per or \$900/per;
- 2) not utilizing the AG's office or have them attend our meetings unless necessary where Director Schneider as a healthcare lawyer can assist with legal advice; case in point the Attorney General is not attending this meeting in light of the budget deficit;
- 3) the Board conducting less frequent but longer meetings, and the Board's optometry members taking less money for such meetings, where the Board had already rejected an increase of the \$150 daily rate in 2007 adjusted to 2025 dollars;
- 4) the Executive Director taking a 12-15% paycut, of which the Board has one spreadsheet for 12% and separate spreadsheet for 15%;
- 5) the licensing manager taking a 10% paycut.

Director Schneider invited Ms. Berg to discuss who agreed with his analysis, and stated that cutbacks on Attorney General fees and website are part of the reduced budget but are small in comparison of the two factors needed to create a balanced budget- fee increases and salary reductions. She is able to calculate the numbers in real time based upon the Board's decisions, and at present there are two proposed budgets of a two-year budget, one for a surplus of \$71,000 and another for \$53,000. Director Schneider commented there will be another similar meeting at this time next year to assess the accuracy of the projections, and while the Board would self-regulate this regulation the Board in 2019-2020 passed R066-19(3) which requires the Board to keep operating expenses for the equivalent of 13 months in a separate account from its operating account.

Dr. Smith inquired into board employee income reductions. Ms. Berg responded that with a \$100 license renewal increase, the salary reductions would save \$24,900/year using the 10%-12% numbers factoring in employment taxes and PERS, and would save \$29,400/year using the 10%-15% numbers. Using the 10-12 numbers, Director Schneider's salary would be reduced \$99,172 and Ms. Padilla's hourly rate reduced to \$28.68/hour. Dr. Smith provided historical information of hiring Ms. Padilla in 2020 in the low \$20s per hour, a later \$2/hour in 2023 after a COLA increase and in concert with working less hours and is presently at 30 hours/week. There was a time when overtime was approved during renewal season of time and a half, and blanket approved COLA increases issued by the Governor which based upon information provided to the Board at that time the Board was of the belief that those could be afforded. The question is can the Board continue to afford it. The Board's employees are great and provide great value to the Board, but Nevada does not have a large amount of licensees, the amount of licensees is not growing and because of that, there is a finite amount of money to spend. In the future for an increase in expenses, the Board has to ask where is that money coming from. If fees have to be increased, Nevada is already one of the more expensive in the country. In the Board's past, executive director Judy Kennedy was the sole employee at a \$70,000 salary but who passed away suddenly and the Board realized it needs two employees to allow the Board to still function in the event of another sudden death or accident which would then require the Board members themselves to absorb that workload. The question is how many hours per week for the Board's two employees. Personnel costs are the biggest part of the budget, and perhaps the Board could share Nancy with another board who is also small and thus 15-20 hours with this Board and 15-20 hours with another board.

Dr. Alamo-Leon inquired about increases of \$150/per active license and \$50/per inactive license, with the hope of it being a one-time increase, and that she would be willing to not be paid for her time in attending the meetings to assist in the Board employees' pay not being cut as drastically because the work they perform for the Board is too valuable for their pay to be cut as much.

Dr. Austin agrees with Dr. Alamo, and likewise is willing to not be paid for his time in attending the

meetings. Larger expenses such as lobbying should be looked at in future budgets to reduce expenses. Ms. Padilla being shared with other boards should be explored, but increases in fees upon the licensees and reducing other expenses needs to occur.

Director Schneider commented that in a few months he will have been in his position for two years, has a better understanding of the cyclical nature of the job year-to-year, and that he does not foresee a heavy regulatory workshop or statutory process in the next cycle requiring the hiring of legislative services consultants, nor foresees extensive necessary Attorney General involvement. This is the Board's last best chance to fix the budget, and its prior last best chance before that was in June 2023 before Q1 2024 renewals and there was no true way for the Board to know based upon the information at hand back then. After this budget correction, which is necessary because it is existential albeit not until 18 months from now, the Board can address reducing licensee fees in the 2028 renewals.

Dr. Smith inquired into the budget if no reduction of Board employee income occurred, but \$150 increase per active licensees. Ms. Berg stated that would result in a budget surplus of \$25,000 over two years. Dr. Alamo stated inactive licensees should have a \$50/per increase, i.e. \$550/per and share the burden with the rest of the active membership. Dr. Austin and Public Member Balecha agreed. Public Member Balecha stated she too is willing to not be paid for her time and is here to serve the public. Dr. Smith agreed. Dr. Smith stated Ms. Padilla's rate of \$35/hour when factoring in her utilities stipend being reduced to \$28/hour would be fair. Colloquy on PERS contributions, and Ms. Padilla's hourly rate of \$31.88 not including the utilities stipend. Director Schneider offered to forfeit his utility stipend and believed it was already part of the meeting material's proposed budget spreadsheets. Ms. Berg stated with these adjusted numbers, the surplus would be \$31,000 over a two-year period, which to Director Schneider is not sufficient as Q4 2027 approaches and volunteered to reduce his salary and benefits to the same terms he accepted two years ago at \$100,000. Board members all agreed Ms. Padilla's hourly rate needed to be at \$30 or less. Ms. Berg stated \$900 per active license renewal, \$550 per inactive license renewal, Director Schneider's terms reduced to \$100,000 and no utility stipend, and Ms. Padilla's terms reduced to \$30/hour and no utility stipend would result in a \$74,000 surplus over a two year period. Director Schneider noted it would not expressly satisfy R066-19(3), but it would provide enough of a bridge in Q4 2027 to wait for license renewals in Q1 2028. Director Schneider confirmed Ms. Berg's understanding that the Board presently has approximately \$250,000 in capital and therefore it is not until the summer of 2027 that the funds would be depleted, and noted having the \$155,000 that was given back to the membership in 2022 could have helped avoid the drastic adjustments needing to be taken but that is not the circumstances that the Board faces today.

Dr. Smith moved to increase active license renewals by \$150 per, increase inactive license renewals by \$50 per, eliminate the utility stipends to each board employee, the board members not take any stipends for board meetings, Director Schneider reduce his salary to \$100,000, Ms. Padilla reduce her hourly wage to \$30, and no future COLA raises without a budget analysis. Dr. Smith qualified that the following is not part of the motion, but in April 2026 after 2026 license renewals come to a rest to give Ms. Padilla and the Board time to figure things out, the Board needs to consider reducing Ms. Padilla to approximately 20 hours/week and potentially connecting with another board to share Ms. Padilla's services to allow Nancy to still have full time work where this Board does not need a full time administrative employee. Dr. Alamo seconded. Motion passed unanimously. Dr. Austin commented the lack of board member payment going forward is a symbolic gesture to the membership that the board members too are willing to take a cut as well. Director Schneider commented and clarified to any person listening that Ms. Berg was not contracted with the Board to perform true accounting services until recently, and only at that time was she paid to analyze the Board's books for those purposes.

6. **For Board Discussion and Possible Action.** R066-19(8)(4) conversion from temporary regulation to permanent regulation.

7. **For Board Discussion and Possible Action.** R066-19(12) conversion from temporary regulation to permanent regulation.

Director Schneider discussed Items 6 and 7 together. 19(8) regards the in-person definition of Continuing Education courses and 19(12) regards business relationships with non-optometrist entities. These were passed last summer as temporary due to occurring in an even-numbered year, and are set to expire by statute on November 1, 2025. These are agendized to make the language permanent, presuming the Board does not have any changes.

Director Schneider summarized the NRS 233B process that LCB has to approve the temporary regulations before they can be made permanent, and then the Board issues a Notice of Intent to Act in either the July meeting or September meeting depending on how quickly LCB can turn it around. Then the Board can do a Notice of Intent to Adopt, and then they can be permanent. Director Schneider advised he is already in contact with LCB, and he's placed 19(8) and 19(12) in LCB's queue where the Board will get the statutorily earliest possible response from LCB which is July 31, 2025, and by statute this cannot happen any earlier than what will occur.

Director Schneider requested separate votes to convert 19(8) to permanent, and 19(12) to permanent. Dr. Smith commented each are acceptable as written. Dr. Austin agreed.

Dr. Smith moved to convert 19(8) to permanent. Dr. Austin seconded. Motion passed unanimously.

Dr. Smith moved to convert 19(12) to permanent. Public Member Balecha seconded. Motion passed unanimously.

8. **For Board Discussion and Possible Action.** Re-presentation of Complaint 25-09 with supplemental information from Complainant. Dr. Smith commented that the second opinion records do not change her prior vote. Dr. Austin commented that from the records provided there was no manifest refraction during the second opinion examination which means the complainant received a more comprehensive examination by the subject licensee than the second opinion optometrist, and there is no basis for a complaint.

Dr. Alamo-Leon commented she reviewed the May meeting minutes for background, and agreed there is no basis for a complaint and that sometimes patients get confused about the roles of the optometrist versus the optician, and the subject licensee did the best he or she could to resolve the issue. Public Member Balecha agreed, and surmised the patient was upset about having to pay extra money.

Director Schneider prefaced he has no vote but commented the second opinion records, based upon his experience in medical records review, has the term "refractive error" but that it does not mean actual error but instead means a vision prescription. Dr. Austin agreed. Director Schneider theorized that without the complainant understanding the terminology, that term may have provided the complainant with a reason to pursue a complaint.

Dr. Smith stated the second opinion records did not change her position that no unprofessional conduct occurred and moved to dismiss again. Public Member Balecha agreed. Motion passed unanimously.

9. Executive Director report re SB 78. Director Schneider stated this was known as the Superboard bill, and did not pass, and an alternative bill of SB 425 of consolidated administrative services did not pass, nor did B&I's revisions to SB78.

10. Executive Director report re BDR 151/AB 183. Director Schneider stated this passed unanimously in the Assembly and Senate, and thanked the Board's legislative services consultant Lucas Foletta, the bill's sponsor Dr. Koenig, and President Smith for her in-person testimony in front of the Assembly in March and May to help explain the issues. The new laws come into effect on October 1, 2025 and a Newsletter will be issued. The sections were summarized as stated below:

Sections 1-2 define the Board's purpose and that a license is a revokable privilege;
Section 3 gives the Board a cease and desist process in the event the Board is aware of a bad actor licensee or an illicit scheme;
Section 5 and 9.5 clarifies the definition of pharmaceutical agent;
Sections 6-7 adds another optometrist as a Board member;
Section 8 clarifies that in order to be eligible for a Nevada license by endorsement, the applicant has to have passed the NBEO and not any alternative test like the Canadian testing;
Section 9 regards OPACs and eliminates the OMD 40-hour attestation component;
Section 10 regards glaucoma endorsement and eliminates the requirement that the OMD has to be Nevada-licensed;
Section 11 allows the Board to order a licensee appear at a hearing to aid in an investigation;
Sections 12-13 incorporates the definition of optometry to include optometric telemedicine;
Sections 14 and 16 provides a category of administrative fines that are not reportable to the National Practitioner Databank;
Section 15 adds permanent incapacity to the statute regarding death of a solo practitioner and transfer of ownership

Director Schneider does not anticipate extensive regulations for these statutes unlike the extensive process that occurred starting in January 2024 for R101-24.

11. Executive Director report re NBEO Part 1 versus Canadian equivalent. Director Schneider reminded the Board this issue is a major issue of concern with ARBO and the various executive directors were ask to provide their Board's position. The letter in the materials explains this may be a public health issue so the Board passed a law to eliminate loopholes.

12. Executive Director report re licensing transactions since start of FY2025:

5/14/2025 – 6/9/2025	FY2025 cumulative
New licenses: 3	15
Licenses by endorsement: 1	8
Glaucoma: 0	6
OPAC: 1	19
Fictitious Name: 2	31
Location changes: 1	62
Additional locations: 6	49
LOGS: 3	52
PRR: 0	38
Refunds: 0	7
Mobile: 1	2
Substitute location: 0	7
Public complaints: 3	19
2026-2028 CE review: 0	6

13. **For Board Discussion and Possible Action.** Proposed items for future Board meetings. Director Schneider stated that his ARBO Convention trip in Minnesota will be on the next Agenda.

14. **Public Comment.** Dr. Smith invited public comment. No public comment received.

In light of the budget discussions, Director Schneider asked if the Board wanted to continue with shorter but more frequent meetings or less frequent but longer meetings. In light of the Board agreeing not to take their meeting stipends going forward, all Board members stated their preference for shorter but more frequent meetings and to keep on calendar the July 31, 2025 meeting.

15. **For Board Discussion and Possible Action.** Dr. Smith moved to adjourn. Dr. Austin seconded. Adjournment occurred at 1:02p.m.

8 persons attended virtually, inclusive of Board members and Executive Director. No role call conducted or sign-in sheets provided.

* * * * *

FY 2024-2025 Regular meeting schedule

Monday 6/16/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

FY 2025-2026 Regular meeting schedule

Thursday 7/31/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

Thursday 9/25/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

Thursday 10/30/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

Wednesday 12/10/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

* * * * *

❖ The Board is pleased to make reasonable accommodations for any member of the public who has a disability and wishes to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Optometry: in writing at P.O. Box 1824, Carson City, Nevada 89702; via email at admin@nvoptometry.org; or call 775-883-8367 as far in advance as possible.

❖ To request an advance copy of the supporting materials for this meeting, contact admin@nvoptometry.org or call 775-883-8367.

This Notice of Public Meeting and Agenda was posted in compliance with NRS 241.020, before 9:00 a.m. on the third working day before the meeting at the following locations:

- Nevada State Board of Optometry office, Reno, NV 89523
- Nevada State Board of Optometry website: <https://nvoptometry.org/>
- Nevada Public Notice website: <http://notice.nv.gov>

Materials for Item No.11 re

- IPL question + relevant law
- 6-27-24 Meeting Minutes (signed)

Question

“Can a trained tech run the IPL under an OD’s supervision per optometry law?”

Relevant law

NRS 636.025 Acts constituting practice in optometry; unauthorized acts.

1. The acts set forth in this section, or any of them, whether done severally, collectively or in combination with other acts that are not set forth in this section constitute practice in optometry within the purview of this chapter:

(d) Prescribing, directing the use of or using any *optical device* in connection with ocular exercises, orthoptics, vision rehabilitation, vision therapy or visual training.

(h) Prescribing, directing the use of or using a pharmaceutical agent or *device* to treat an abnormality of the eye or its appendages.

NRS 636.346 Supervision of authorized activities of assistants; conduct of final eye examination of patient.

2. In addition to the provisions of subsection 1, an assistant in any setting where optometry is practiced may perform any of the following activities under the direct supervision of a licensed optometrist:

(e) Use an ophthalmic device or oversee ocular exercises, visual training, visual therapy or visual rehabilitation as directed by a licensed optometrist.

3. If an assistant conducts any activities pursuant to subsection 2, the licensed optometrist must conduct the final eye examination of the patient.

4. As used in this section, “assistant” means a person employed by an optometrist or any medical provider or medical facility at which the optometrist provides or offers to provide his or her services as an optometrist.

NEVADA STATE BOARD OF OPTOMETRY



MINUTES OF PUBLIC MEETING

June 27, 2024

1. **Action Item 1. Roll Call, Call to Order.** President Mariah Smith, O.D. opened the live meeting at 12:04 p.m. Pursuant to AB219, public telephonic access number 669-444-9171, meeting ID 859 9215 3067, Passcode 199312 were read into the record.
2. **Welcome, Introductions.** President Smith and Board members Jeffrey Austin, O.D., Julieta Alamo-Leon, O.D, and Drew Johnson were present via Zoom. Executive Director Adam Schneider attended via Zoom. Deputy Attorney General (DAG) Todd Weiss, Esq. attended via Zoom.
3. **Public Comment.** President Smith invited public comment. Dr. Bolenbaker read a statement on behalf of approximately 40 optometrists advocating for usage of IPL or RF or LLLT per manufacturer guidelines and standard of care, and that NRS 636.025(1)(c) does not specify that treatments can only be applied locally to the tissues of the eye and appendage, and is written in a way to accept advances in treatment so long as they do not violate the surgical restrictions placed upon optometrists in NRS 636.025(2)(a). Director Schneider expressed knowledge of recent misinformation about the Board and the office of the Executive Director. The Board's dissemination of information about Board business occurs through two sources only- newsletters to the membership, and what is posted on the Board's website. The Board itself nor its Executive Director have social media accounts, nor hire or contract or ask individual members of the optometry community to post items on social media. Confusion has occurred where optometrists have posted social media saying things to the effect that Adam Schneider individually wants to hear from the membership as a pseudo call to action against Board members or past Board votes. Members of the optometry community reflexively believe the post, and the Board has a relationship with an optometrist as the Board's agent or proxy, yet when any such posts are not authorized or vetted or approved by the Board or the Executive Director and such misrepresentations are inappropriate and need to stop. The Board's office will continue to accept membership commentary on Board-related issues or concerns, but they have to be done through proper channels.
4. **Action Item- Re-discussion of Board's 8/29/2023 letter to Dr. Horner.** Dr. Smith commented about historical precedence and a strict delineation that optometrists and their employee have to remain separate from the retailer when there are different levels of HIPAA training and unauthorized access to medical records by employees of non-optometrists. Dr. Smith does not see a problem with the optometrist having a platform or website where the patients can schedule appointments, and the historical precedence is that optometrists control

their own schedule without outside corporate influence of, e.g., being directed to see patients every ten minutes. Dr. Alamo agreed that outside entities should not be practicing optometry for optometrists.

Dr. Smith invited Dr. Horner to speak. Dr. Horner discussed the difference between scheduling and booking, and agreed that the retail entity should not dictate to the optometrist how many patients are seen, or how long the appointments are, or what types of exams are performed. Dr. Horner explained he pays Walmart to fill his schedule just like if he were to pay an outside scheduling company to do so. Dr. Smith posed the question to the Board if there is a conflict of interest if the optometrist pays the retailer to fill the schedule. Dr. Austin did not see a conflict when the optometrist is in control of the schedule. Public Member Johnson stated as a consumer there does not appear to be any impact on the quality of the service and therefore saw no problem with it. Upon Dr. Alamo asking about who does the scheduling and their HIPAA regulations, Dr. Horner explained that there is a health and wellness department at Walmart inclusive of pharmacy, audiology, and optical, and the scheduling is then delegated to Walmart opticians who are HIPAA-certified where the optometrist is located and have access to only a scheduling program and no other access to medical records or private information. Dr. Smith moved to uphold the Board's prior decision that Dr. Horner be allowed to pay Walmart to fill the schedule that he created and such a process and business relationship is compliant with the current law. Dr. Austin amended to include that no other person or entity besides the licensee be allowed to change the schedule. Dr. Smith so amended. Dr. Austin seconded. Motion passed unanimously.

5. **Action Item- Re-discussion of NRS 636.025(2) application to IPL.** Dr. Smith summarized the prior meeting about the definition of eye and adnexa, that the Board members agreed in the last meeting that IPL should be permissible with licensees' training and the intention of the statute was to make it broader to provide allowance when new treatments become available within an optometrist's skillset so as to avoid re-writing the law each time. In 2019, the Board ruled that the True Tear intranasal tear neurostimulator was permissible. Dr. Austin noted IPL is within the optometrist's scope, but the question is what does the law allow. Colloquy as to the definition of eye appendage. Dr. Alamo discussed possible parameters such as continuing education or proof of training upon the advent of new technology. Public Member Johnson noted the discussed technologies seemed safe, and patients can avail themselves to litigation if aggrieved.

DAG Weiss provided options for the Board as to statutory interpretation versus joint submission of temporary and permanent regulations. Colloquy on such options.

Dr. Smith moved for IPL and RF and similar devices are acceptable for treatment with the law as written and no need for having defined training. Public Member Johnson seconded.

Dr. Austin inquired into DAG Weiss's advice for the propriety of this vote versus the legislation process. DAG Weiss advised the vote is permissible and within the authority of the Board to do so. Motion passed unanimously.

6. **Action Item- Re-discussion of 2025 legislation goals** Dr. Smith spoke with Dr. Koenig about him wanting a fifth member, and it be an optometrist, and the preference for a rural optometrist but understands the difficulties in that kind of mandate. Public Member Johnson noted an additional member should be a public member. Director Schneider talked about knowledge obtained at ARBO Annual Meeting and the different ways different Boards

comprise their Board members including some jurisdictions that have no members in the field being regulated which provided pros and cons. Dr. Smith agreed to relay Public Member Johnson's concerns to Dr. Koenig. Dr. Austin sees advantages and disadvantages of a fifth member, and sees no problem with an additional optometrist as the fifth member. Public Member Johnson pointed out that the governor's office appoints board members. Dr. Smith commented about her efforts to think of the public and not the protection of the profession in her capacity as a board member. Dr. Alamo believes that if a fifth member is created, it should be an optometrist.

Given her lack of background with leasing space with an optical business, Dr. Smith proposed a Workshop specific to R066-19(12) with persons who work in that practice modality for input. Dr. Austin agreed. Dr. Alamo agreed. Workshop scheduled for 7/31/2024 3pm.

As to the proposed list in the meeting materials, Dr. Smith moved to strike the first entry as to the definition of eye appendage due to the earlier vote, not adopt R066-19(12) changes due to a future Workshop, and to add a fifth member as an optometrist. Dr. Alamo seconded. Public Member Johnson opposed. Motion passed.

7. **Action Item- Complaint 24-11 status** DAG Weiss summarized ongoing negotiations with licensee's counsel for possible settlement terms to propose to the Board at the next meeting. Presently scheduled trial/hearing for 7/31/2024 rescheduled to 8/27/2024, if necessary. Regular Board Meeting moved from 7/31/2024 12pm to 3pm.
8. **Action Item- Complaint 24-21** Director Schneider stated the Board of Pharmacy's Prescription Monitoring Program noted the licensee's prescription for testosterone. Upon an inquiry letter, the licensee's custodian of records supplied a response and that the medical records showed prescriptions of topical testosterone. The question before the Board was can a licensee prescribe topical testosterone based upon Nevada law as written. Colloquy on the statutory definition of pharmaceutical agent, inclusive of Dr. Smith reading the statute. Dr. Austin noted the intent behind the statute in working with the ophthalmologists did not include testosterone. Colloquy and agreement that "topical non-analgesics" be added to the statutory definition for 2025 legislative goals. Dr. Smith moved for a letter be issued to the licensee to cease and desist with no penalties. DAG Weiss commented about differences between past and future conduct. Dr. Smith amended the motion for a letter to cease and desist, and no penalties for the past prescriptions but any future violations could be subject to a complaint and discipline. Dr. Austin seconded. Motion passed unanimously.
9. **Action Item- Consideration and approval of Petition for Advisory Opinion to Department of Taxation** Director Schneider reminded the Board of the sales tax issue from the Board's prior meeting, and explained the draft letter's research, DAG Weiss's approval, and the letter's compliance with the code governing the Department of Taxation's petition for advisory opinions. Dr. Smith moved to accept the draft as-is, and to submit to the Department of Taxation. Dr. Austin seconded. Motion passed unanimously.
10. **Action Item- Consideration and approval of FY2024-2025 budget; Review of 2021-24 Income and Expenditures; Consideration and decisions regarding proposed budget and factors for 2024-2025, including COLA** Director Schneider described: 1) the process compiling the figures and that each entry has corroborative information; 2) his research into the differences in COLA depending upon the type of State employee; 3) the differences in FY2025's budget when the Board no longer has certain entries such as rent and utilities, and is a legislation year whereas FY2024 was a license renewal year. Dr. Smith asked Public Member Johnson to comment in his role as the

Board's CFO. Public Member Johnson approved as consistent with prior years' budgets. Colloquy on COLA varying from year to year and as to type of State employee. Public Member Johnson moved to accept the proposed budget inclusive of the 4% COLA, while allowing the Board to revisit based upon new information. Dr. Smith seconded. Motion passed unanimously.

11. **Action Item- Consideration and approval of May 30, 2024 Board Meeting Minutes** Dr. Smith moved to accept as drafted. Dr. Austin seconded. Motion passed unanimously.
12. **Executive Director report re R066-19, R101-24, AB 432 codification statuses-** Director Schneider stated: 1) R066-19 is in LCB's queue but had not been codified yet because it was not correctly submitted in 2019-2020 and when correctly submitted in 2022 it was placed at the back of the queue; 2) R101-24 will be discussed at the 7/31/2024 meeting where on 7/1/2024 a Notice of Intent to Act Upon Regulation will be posted to comply with statute; and 3) AB 432 per LCB is anticipated to be codified by end of month, and that R101-24 cites to new statutes stemming from AB 432 so the Board can be assured their chapters are being processed.
13. **Executive Director report re ARBO Annual Meeting** Director Schneider stated that he obtained a scholarship so no costs were incurred by the Board, and even if the Board had to pay, it was worth the expense given the Board regulates optometry and ARBO is dedicated to that. Director Schneider recommended a Board member or ED attend yearly. Dr. Smith agreed.
14. **Public Comment.** Dr. Kopolow commented about the earlier discussion of Walmart being allowed to make appointments for the optometrist's schedule, but a concern is that future iterations of the lease requiring Walmart to do it which could be problematic. As to R066-19, there are disparate goals to be discussed at the Workshop, and it is appropriate for NAC and not NRS. Drew Johnson announced his resignation as the public member of the Board and willing to serve at the July meeting if not replaced by then. Because he won a primary election, he wants to step away from the Board to not put the Board in a position of having a public member not fully prepared and focused on preparing for the meetings. His words for the incoming public member is that the public member is the only public member on the Board and the only one who does not make money on the practice of optometry, and their role is to increase competition, increase access, lower costs, and hopes that the lobbyists and associations in the profession do not issue personal attacks upon the public member for acting in the best interests of the public, and should be free to stand up for patients without fear of threats or retribution. Having served on three board of commission, this is the most professional, best prepared Board he has been on. Public Member Johnson thanked past and current Directors and past and current Board Members. All Board Members thanked Public Member Johnson for his service.
15. **Action Item- Adjournment.** Dr. Smith moved to adjourn the meeting. Public Member Johnson seconded. Motion passed unanimously. The meeting adjourned at 1:43 p.m.

* * * * *

FY 2024-2025 Regular meeting schedule

Wednesday 7/31/2024 3:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Wednesday 8/28/2024 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Thursday 9/26/2024 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Wednesday 10/30/2024 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Wednesday 12/11/2024 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 July 31, 2024.

/s/ Adam Schneider

Adam Schneider, Executive Director

Materials for Item No.12 re

- Casey Neilon year-end 6-30-25 audit Terms of Engagement



July 9, 2025

To Members of the Board and Executive Director
Nevada State Board of Optometry
P.O. Box 1824
Carson City NV 89702

We are pleased to confirm our understanding of the services we are to provide the Nevada State Board of Optometry ("the Board") for the year ended June 30, 2025.

Audit Scope and Objectives

We will audit the financial statements of the governmental type activities, general fund and the disclosures, which collectively comprise the basic financial statements of the Board as of and for the year ended June 30, 2025. Accounting standards generally accepted in the United States of America (GAAP) provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement the Board's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the Board's RSI in accordance with auditing standards generally accepted in the United States of America (GAAS). These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient appropriate evidence to express an opinion or provide any assurance. The following RSI is required by GAAP and will be subjected to certain limited procedures, but will not be audited:

- 1) Management's Discussion and Analysis.
- 2) Statement of Revenue and Expenditures – Budget and Actual
- 3) Supplementary Pension Information
- 4) Supplementary Other Post Employment Benefit Information

The objectives of our audit are to obtain reasonable assurance as to whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; issue an auditor's report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with GAAP; and report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are

503 N. Division St. • Carson City, NV • 89703
6770 S. McCarran Blvd, Ste. 200 • Reno, NV • 89509
775 . 283 . 5555



Proud Member of
AlliottGlobalAlliance™

considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment of a reasonable user made based on the financial statements.

The objectives also include reporting on internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.

Auditor's Responsibilities for the Audit of the Financial Statements

We will conduct our audit in accordance with GAAS and the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and will include tests of your accounting records of the Board and other procedures we consider necessary to enable us to express such opinions. As part of an audit in accordance with GAAS and *Government Auditing Standards*, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the government or to acts by management or employees acting on behalf of the government. Because the determination of waste and abuse is subjective, *Government Auditing Standards* do not expect auditors to perform specific procedures to detect waste or abuse in financial audits nor do they expect auditors to provide reasonable assurance of detecting waste or abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements may not be detected by us, even though the audit is properly planned and performed in accordance with GAAS and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the government's ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, tests of the physical existence of inventories, and direct confirmation of receivables and certain assets and liabilities by correspondence with selected customers, creditors, and financial institutions. We will also request written representations from your attorneys as part of the engagement.

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide

your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

Our audit of financial statements does not relieve you of your responsibilities.

Audit Procedures—Internal Control

We will obtain an understanding of the government and its environment, including internal control relevant to the audit, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinion. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards and *Government Auditing Standards*.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the Board's compliance with the provisions of applicable laws, regulations, contracts, agreements, and grants. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

Responsibilities of Management for the Financial Statements

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for designing, implementing, establishing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met; following laws and regulations; and ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are also responsible for the selection and application of accounting principles, for the preparation and fair presentation of the financial statements and all accompanying information in conformity with accounting principles generally accepted in the United States of America, and for compliance with applicable laws and regulations and the provisions of contracts and grant agreements.

Management is responsible for making drafts of financial statements, all financial records, and related information available to us and for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers). You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) additional information that we may request for the purpose of the audit; and (3) unrestricted access to persons within the government from whom we determine it necessary to obtain audit evidence. At the conclusion of our audit, we will require certain written representations from you about your responsibilities for the financial statements; compliance with laws,

regulations, contracts, and grant agreements; and other responsibilities required by GAAS and *Government Auditing Standards*.

Your responsibilities include adjusting the financial statements to correct material misstatements and for confirming to us in the written representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements of each opinion unit taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the government complies with applicable laws, regulations, contracts, agreements, and grants and for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, or contracts or grant agreements that we report.

You are responsible for the preparation of the supplementary information, which we have been engaged to report on, in conformity with accounting principles generally accepted in the United States of America (GAAP). You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to [include the audited financial statements with any presentation of the supplementary information that includes our report thereon OR make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon]. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits or other studies related to the objectives discussed in the Audit Scope and Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or other studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions, for the report, and for the timing and format for providing that information.

Other Services

We will also assist in preparing the financial statements and related notes of the Board in conformity with accounting principles generally accepted in the United States of America based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*. We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

You agree to assume all management responsibilities relating to the financial statements and related notes and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements and related notes and that you have reviewed and approved the financial statements and related notes prior to their issuance and have

accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

We will provide copies of our reports to the Board; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Casey Neilon, Inc. and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to the State of Nevada or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for the purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Casey Neilon, Inc. personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend or decide to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of five years after the report release date or for any additional period requested by the State of Nevada. If we are aware that a federal awarding agency or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

Suzanne Olsen is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them. We expect to begin our audit in July 2025 and to issue our reports no later than November 30, 2025.

Our fee for services will be at our standard hourly rates plus out-of-pocket costs (such as report reproduction, word processing, postage, travel, copies, telephone, etc.) except that we agree that our gross fee, including expenses, will not exceed \$16,500. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes 30 days or more overdue and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

Reporting

We will issue a written report upon completion of our audit of the Board's financial statements. Our report will be addressed to the Board. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add a separate section, or add an emphasis-of-matter or other-matter paragraph to our auditor's report, or if necessary, withdraw from this engagement. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable

to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or issue reports, or we may withdraw from this engagement.

We will also provide a report (that does not include an opinion) on internal control related to the financial statements and compliance with the provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a material effect on the financial statements as required by *Government Auditing Standards*. The report on internal control and on compliance and other matters will state (1) that the purpose of the report is solely to describe the scope of testing of internal control and compliance, and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control on compliance, and (2) that the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. The report will also state that the report is not suitable for any other purpose. If during our audit we become aware that the Board is subject to an audit requirement that is not encompassed in the terms of this engagement, we will communicate to management and those charged with governance that an audit in accordance with U.S. generally accepted auditing standards and the standards for financial audits contained in *Government Auditing Standards* may not satisfy the relevant legal, regulatory, or contractual requirements.

International Alliance Membership

Casey Neilon, Inc. is an independent member firm of Alliot Global Alliance, which is an international alliance of independent accounting, law and specialist firms. Alliot Global Alliance and its member firms are legally distinct and separate entities. These entities are not and shall not be construed to be in the relationship of a parent firm, subsidiary, partner, joint venture, agent or a network. No Alliot Global Alliance member firm has any authority (actual, apparent, implied or otherwise) to obligate or bind Alliot Global Alliance or any other Alliot Global Alliance member firm in any manner whatsoever. Equally, neither Alliot Global Alliance nor any other member firm has any authority to obligate or bind the Firm or any other member firm. All Alliot Global Alliance members are independent firms, and as such, they each render their services entirely on their own account (including benefit and risk). In connection with the engagement contemplated by this letter or any other services from time to time provided by the Firm, the Firm may seek advice from or may recommend the retention of an Alliot Global Alliance member firm. Alliot Global Alliance and its other member firms shall have no liability for advice rendered by the Firm or such consulted or retained Alliot Global Alliance member firm. Nor shall the Firm have liability for advice rendered by any of the other Alliot Global Alliance member firms, even if consulted or recommended to you by the Firm.

We appreciate the opportunity to be of service to the Board and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the attached copy and return it to us.

Very truly yours,



Casey Neilon, Inc.

RESPONSE:

This letter correctly sets forth the understanding of the Board.

Management signature: /s/ Adam Schneider

Title: executive director

Date: 7/9/2025

July 9, 2025
Nevada State Board of Optometry
Page 7

Governance signature:

A handwritten signature in black ink, consisting of a series of loops and curves, positioned to the right of the 'Governance signature:' label.

Title: President

Date: 7/9/2025