

9. Did you recommend the patient consult:
- a. another optometrist? (yes) (no) Specialty_____
- b. a physician? (yes) (no) Specialty_____
- Patient (followed) (did not follow) instructions relative to consultation.
 Response (was) (was not) received from consultant.
10. What other advice or instructions did you give this patient?_____
- _____
11. Has this patient contacted you expressing dissatisfaction with the professional care rendered? (yes) (no) date/s of contact_____
12. Nature of the dissatisfaction:_____
- _____
13. Describe any remedial action taken by you:_____
- _____
14. Patients response to the remedial action:_____
- _____
15. What fees did you charge for those services under evaluation? (Attach copies)
- | Date | Professional Services | Materials |
|-------|-----------------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
16. Please attach the copies of the following:
- a. Clinical findings (including case history and advice given) for every visit the patient made to your office. Include any and all visits even if they were prior to the time of the dissatisfaction being evaluated.
- b. Any correspondence from the patient relative to this problem.
- c. Any consultants reports.
17. Supply a narrative response to any of the above items needing further explanation.

Signed

Date



Certification of Patient Records

OREGON BOARD OF OPTOMETRY

To the Oregon Board of Optometry:

I certify that, unless otherwise specifically indicated, the attached patient file information contains complete patient records for each of the patients identified in the Oregon Board of Optometry's request, including, but not limited to:

- Examination forms
- Patient history forms
- Prescriptions
- Chart notes
- Billing records
- Correspondence
- Personal office notes
- Other reports, and
- Any and all other relevant information.

I understand that I am personally responsible for the accuracy and completeness of this information.

Printed name: _____, OD

Signature: _____, OD Date: _____

Send this form and all required materials to:

Oregon Board of Optometry
1500 Liberty Street SE, Suite 210
Salem, Oregon 97302-1338