Mobile Optometry Clinic Quarterly Location Log

Mobile Optometry Clinic:_____ **Clinic Number: MC_____**
Optometrist Name:_____ **License Number:_____**

Quarter	Location Log Due Dates
March 1 – May 31	June 30th
June 1 - August 31	September 30th
September 1 – November 30	December 31st
December 1 – February 28 or 29	March 31st

You may use this form, or create your own, to submit your log quarterly via:

Mail: P.O. Box 1824, Carson City, NV 89702,
Email: admin@nvoptometry.org, or
Fax: 775-305-0105.

Date Worked	Facility Name	Address

I affirm that the preceding information is complete and correct under the pains and penalties of perjury.

Signature: _____ Date Submitted:_____