

# Nevada Board of Optometry

## Complaint 18-02

Contact Form : Entry 11-1086

Name

Louro Bokor

Email

IndyRecaotaln@omnll.com

Your Subject

Or.

Mossago

On Monday, Juno 12, 2017. my MIn daughtloro had on ;ippolnmonl of with O,. In January or lhl\* uoar I had c;on0med U1allh" oppolniment was with Or.' and nol Or. : Wo woro nol nolir.od prior lo our oppolnument on arrival for our up In1monllhOI Or., 1hod left the praclce and they v1ete then re-schcou,eu lo see Or : It wasn't unGl he cnlcrd lhc room for nn exam that I was noGfled. I asked about Or. Chu lhc ensuing conversnUon c'toolcd an Issue wLU him. He told me I could leave now. He stormed oulollha exam room lo the front desk and very loudly announced lhal I was no longer welcome In his praclce because ho did nol want lo have any rudo paUons, I was not rude In the oxom room. After Ioskod about lhc whorcobouts oro,. ho asked why as ho wasslDnding ovor mo. I explained lhall had soon him when he first look ovorlhc praclco from Or, and lhall prererrod lo see olhordoclors In lhc praclco. Ho askod for feedback end I rcspecifuly decline whllo he was examining my daughter, I explained thol I would gladly givo U10 rend back after llle appolnl/Tlenl, That is when he told me I could get out end he stormed out ofU10 room. I find ii very unprofessional for him lo direcl his staff lo nol tccl his paUons when o chnngc occurs In his pmcUcc especially when ii slates In lhc pallent flies lhal we do ncl went lo sco him. I also round his behavior or standing ovor me and lhon subscqunUy boisterously "kicking mo oul or his praclce" very unprof,=lonal. I know ihal I am not the only poUoni fl01 has been kicked out or his pmclicc lalclly. Ploaso consider this a romal complolnl a9olns1 Or.

# Nevada Board of Optometry

## Complaint 18-03

**KARL M. LARSIEN, ODD., I TD.**

**8660 W. CHEYENNE #120**

**LAS VEGAS, NV 89129**

**July 24, 2017**

**Nevada State Board of Optometry**

**P.O. Box 1824**

**Carson City, Nv 89702**

**Dear members of Board:**

**I have enclosed an advertisement that was in the Review Journal July 10, 2017. I was confused as to whether Dr. was a new Ophthalmic surgeon in town or an Optometrist. This advertisement does not say what she is so I went to her web site.**

**Her advertisement says she provides the patient with a full lasik facility. The profession is not in the copy. She does mention a full Optometric examination tucked away in one sentence of the services she provides.**

**If I was fooled into thinking she is a surgeon then the public would really be fooled. I feel that maybe the Board needs to make some suggestions to this doctor to let her know she must identify herself as an O.D. not an M.D.. If she is fronting for an Ophthalmic surgeon then he needs to be identified.**

**Thank;o;**

**--11J:5 u**  
**Karl M. Larsen, O.D**

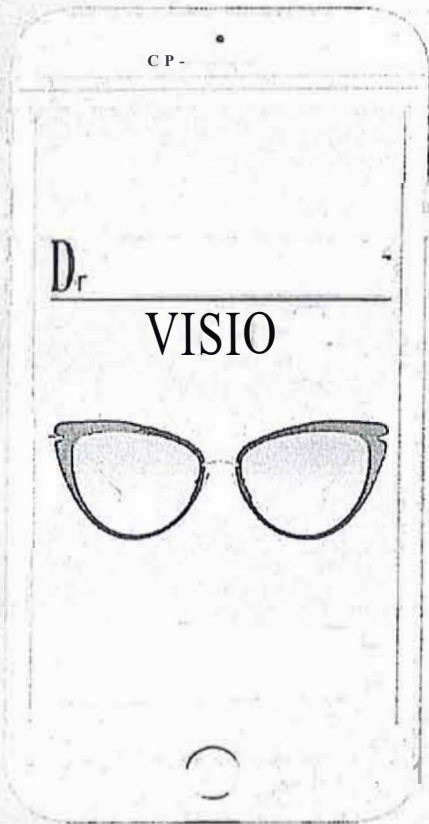


Dr

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VISION

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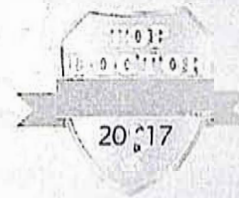
(gift card will be given at store.)



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# DOWNTOWN SUMMERLIN®

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B. ESTEY  
LAS VEGAS NV  
LIVE. RUN. LAUGH.  
& BE HAPPY.



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INSTAGRAM  
FACEBOOK

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Dr. [redacted] and tier srarr llre delectic1led to  
provincing Acon1munty-drivl n. family rrlly)ndly eye  
c11n\* pmr.:llr.c. Dr [redacted] has built one of the most  
successfLJL optometry pl11cllces in Las V\*gas l,y  
orrerlng a wide range oi eye care services and  
person11lized a11enlion ror each Incllvclual patient. Our  
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## Se Invoces

### General Eye Exam

General eye exams are a vital part of vision care.

A general eye exam assesses the overall health of the eyes. The external appearance of the eyes, the eyelids, lashes, tear ducts, and the skin surrounding the eye will be inspected. The ability of the eye to move normally and coordination with each other will also be examined. The health of the eyes will be thoroughly assessed. A full exam with the use of a microscope, will be conducted to ensure that all visible structures of the eyes meet safely.

### Adult & Pediatric Comprehensive Eye Exams

Regular eye exams are essential for your health. Eye exams do more than just evaluate vision—they detect eye diseases as well as conditions like high blood pressure and diabetes. In addition, they are an indicator for your overall health.

At our practice, we provide comprehensive eye exams for people of all ages, including cataracts and glaucoma testing, computerized perimetry vision testing and retinal photography. We also offer treatment of various eye diseases, LASIK surgery, consultation for those interested in laser vision correction, and more.

### Contact Lens Exams & Fitting

We give each individual a personalized care to make sure we prescribe the right contact lenses for you. Our contact lens exams include all of the regular components of a comprehensive vision exam, plus an



measurements, and we test your tear production.

Once we have your prescription ready, we'll check for the proper fit and comfort of your lenses. We also provide training for insertion and removal, proper lens care, and we can answer any questions or concerns you may have about your new lenses. With our large stock of thousands of quality contact lenses, we can get you tested, fitted, and walking out the door with crystal clear vision, all in one day.

## LASIK

Also known as Laser Assisted In-Situ Keratomileusis, LASIK is the most common type of vision correction surgery. The procedure is highly effective, with many patients claiming to see better than at any other time in their life after they recover from surgery. It can be performed to correct myopia, hyperopia, and astigmatism.

Although LASIK is common, it is still a serious procedure that may not be right for everyone. That's why we offer a comprehensive screening process to determine whether or not you're a LASIK candidate. We'll provide a detailed discussion and clear guidance to ensure that you're fully prepared for your procedure.

If you do decide to undergo LASIK surgery, we also offer a series of follow-up visits to determine the health of your eyes and evaluate your satisfaction with the results.

### How LASIK Works:

During the procedure, anesthetic eye drops are applied. First, the LASIK surgeon will create a flap in the outer layer of the cornea to allow the lasers to access the underlying tissue.

Computer eye tracking is used to ensure precision of the lasers. Meanwhile, the cornea then receives controlled pulses of laser light in order to reshape the inner corneal layer.

needs. The surgeon repositions the flap to its original position. Protective patches are placed over the eyes for the next few hours as the flap heals naturally.

#### Other Types of LASIK:

**Custom LASIK** - This is the most precise form of LASIK surgery, which involves using wavefront technology to measure exactly how light travels through your eyes. Providing a detailed analysis of your entire optical system. This gives the computer system an individual level of detail to better correct your vision.

**Bladeless LASIK** - The traditional LASIK requires the surgeon to use a blade to create the corneal flap, as the name implies. Bladeless LASIK allows the surgeon to use a laser to create a precise corneal flap.

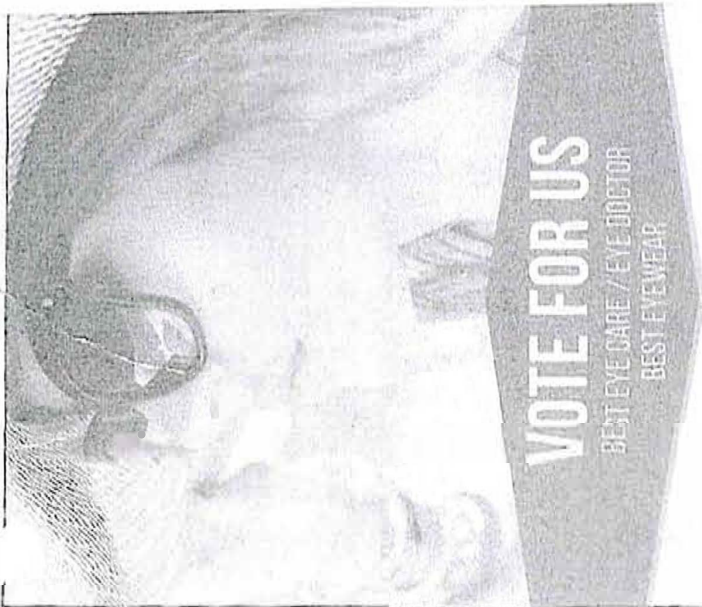
#### Co-Management

With our onsite LASIK and Optometric facilities, we can provide everything from pre-LASIK screening to the actual LASIK procedure, and post-operative care. However, if you already have a LASIK surgeon, we will still provide co-management for your surgery by offering all the pre and post-operative care you need. We'll work closely with your experienced and trustworthy surgeon to make sure your procedure goes as smoothly as possible.

#### 24 Hrs On-Call Medical Service

Our dedicated team of eye care experts are here for you and your family 24 hours a day, 7 days a week. Should you have any questions or need any assistance with eye care services, we've provided a phone line to our help desk any time of the day. Our staff is also available for emergency appointments if needed. You can reach us

30



**VOTE FOR US**  
BEST EYE CARE/EYE DOCTOR  
BEST EYEWEAR

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VOTE AT BEST...  
KCSJ.CORP



8/17 phone  
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# INSIGHTS

## BY DR.

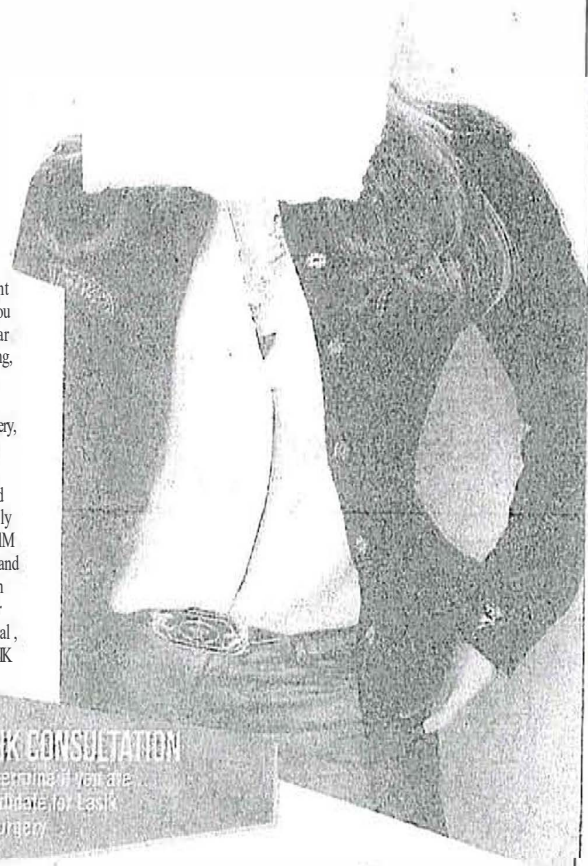
### THE PROCEDURE BEFORE, DURING, AND AFTER LASIK EYE SURGERY.

Before: A thorough eye exam will be conducted to determine if you are a good candidate for LASIK. Your doctor will measure the thickness of your cornea; pupil size; refractive error (myopia, hyperopia and astigmatism); as well as an internal eye condition. The most important of your eyes will also be evaluated, and a preliminary treatment may be recommended to reduce the risk of developing dry eyes after LASIK. Your doctor will also take your medical history and any medications you are taking to determine if you are a suitable candidate for LASIK.

During: Before your surgery begins, numbing eye drops are applied to your eye to prevent any discomfort during the procedure. Your doctor may also give you some medication to help you relax. Your eye will be positioned under the laser, and an instrument called a speculum is used to keep your eyelids open. The surgeon uses a laser to make the cornea before creating the flap. A suction ring is applied to the front of your eye to prevent eye movement or blinking that could affect the procedure. After the corneal flap is created, the surgeon then uses a computer to adjust the laser for your prescription. You will be asked to look at a target light for a short time while your surgeon creates your eye through a

microscope as the laser sends pulses of light to your cornea. The laser reshapes the cornea, allowing you to see clearly without glasses or contact lenses. You will feel some pressure on your eye. You will also hear a steady clicking sound while the laser is operating. LASIK is performed on each eye separately, with each procedure taking only about five minutes.

After: Upon completion of LASIK surgery, you may experience some burning or itching sensation immediately following the procedure. You should expect some blurriness and halos immediately after surgery; however, clarity should improve by the next morning. Your eyesight should stabilize and continue to improve within a few days, although in rare cases it may take several weeks or longer. For most people, vision improves immediately. Generally, you will return to see your eye doctor or your LASIK surgeon the day after surgery.



**FREE LASIK CONSULTATION**  
 to determine if you are a candidate for LASIK eye surgery.

## VISION

GLASSES | CONTACTS | LASIK

**BEST**  
 LAS VEGAS



# Nevada Board of Optometry

## Complaint 18-04





NRS 636.155, An applicant must file with the Executive Director satisfactory proof that the applicant: subsection 3) is of good moral character. DR. [REDACTED] IS VERY OBVIOUSLY "NOT OF GOOD MORAL CHARACTER" OR HE WOULD NOT HAVE ABANDONED HIS PATIENTS BY CLOSING HIS OFFICE WITHOUT NOTIFYING HIS SEVERAL HUNDRED PATIENTS!

Summary of Issues: (Please attach additional pages as needed and a copy of any evidence supporting your claims)

Patient records are not being made available to patients. I was informed by Dr. [REDACTED] receptionist that the patient records for several hundred patients of [REDACTED] are being stored in Winnemucca, with no plans to retrieve them in the foreseeable future.

Dr. [REDACTED] obviously lacks moral character. No reputable medical professional would abandon his patients by closing his practice without even sending out a form letter to his patients. By not even making our medical records available to us, Dr. [REDACTED] has shown a lack of even the most basic concern for his patients.

Did you contact the Optometrist or the office they practice at regarding this complaint?

I contacted Dr. [REDACTED] new office at [REDACTED] by mail once and by phone at his new number, [REDACTED], three times. The last time I called his office, I was informed that our medical records were being stored in Winnemucca, NV and would not be available in the foreseeable future.

Did the Optometrist or the office they practice at respond?

SEE ABOVE

Were there any witnesses to the Incident? If so, Please provide name(s), address(es), and phone number(s)

CONTACT DR. [REDACTED] FORMER PATIENTS. NONE THAT I KNOW OF HAVE RECEIVED THEIR RECORDS.

What would you consider a satisfactory resolution to this Complaint?

I WANT A COPY OF THE MEDICAL RECORDS FOR BOTH DONALD AND MICHELLE SPENCE.

Name, address, and phone number of any consulting or subsequent Doctor treating to the issue

Dr. Fanny Chan, 20/20 Vis<sub>ion</sub>, 738 Prater Way, Sparks, NV 89431 (775) 356-3937

If a formal charge is filed as a result of this Complaint, are you willing to testify under oath at a public hearing?

YES

Donald G. Spence

- By submitting this information and checking this box, I affirm that each document is complete and correct and that all information contained in this submission is true under the pains and penalties of perjury and the requirements of NRS Chapter 636 and NAC Chapter 636 and Nevada law generally. I also acknowledge that if I have directed or authorized a person to complete or submit this information on my behalf, I, the optometrist licensed by the Nevada Board of Optometry, am fully responsible for the content of the submission.

Name

Donald G. Spence

Date

09/11/2017

Comments

Reputable medical professionals don't "cut and run" and leave their patients holding the bag. This man should not be allowed to practice!

- I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct.

*RECORDS* RETENTION AND HEALTHCARE RECORDS

Records Retention Statute-NRS 629.051 and NRS 629.053

NRS 629.051 Health care records: Retention; disclosure to patients concerning destruction of records; exceptions; regulations.

1 Except as otherwise provided in this section and in regulations adopted by the State Board of Health pursuant to NRS 652.135 with regard to the records of a medical laboratory and unless a longer period is provided by federal law, each provider of health care shall retain the health care records of his or her patients as part of his or her regularly maintained records for 5 years after their receipt or production. Health care records may be retained in written form, or by microfilm or any other recognized form of size reduction, including, without limitation, microfiche, computer disc, magnetic tape and optical disc, which does not adversely affect their use for the purposes of NRS.629,061. Health care records may be created, authenticated and stored in a computer system which meets the requirements of NBS 439,581 to 439.595, inclusive, and the regulations adopted pursuant thereto.

2 A provider of health care shall post, in a conspicuous place in each location at which the provider of health care performs health care services, a sign which discloses to patients that their health care records may be destroyed after the period set forth in ~~III~~section 1.

3 When a provider of health care performs health care services for a patient for the first time, the provider of health care shall deliver to the patient a written statement which discloses to the patient that the health care records of the patient may be destroyed after the period set forth in subsection 1.

4 If a provider of health care fails to deliver the written statement to the patient pursuant to subsection 3, the provider of health care shall deliver to the patient the written statement described in subsection 3 when the provider of health care next performs health care services for the patient.

5 In addition to delivering a written statement pursuant to subsection 3 or 4, a provider of health care may deliver such a written statement to a patient at any other time.

6 A written statement delivered to a patient pursuant to this section may be included with other written information delivered to the patient by a provider of health care.

7, A provider of health care shall not destroy the health care records of a person who is less than 23 years of age on the date of the proposed destruction of the records. The health care records of a person who has attained the age of 23 years may be destroyed in accordance with this section for those records which have been retained for at least 5 years or for any longer period provided by federal law.

8 The provisions of this section do not apply to a pharmacist.

9 The State Board of Health shall adopt:

(a) Regulations prescribing the form, size, contents and placement of the signs and written statements required pursuant to this section; and

(b) Any other regulations necessary to carry out the provisions of this section.

NRS 629.053 Health care records: Disclosure on Internet by State Board of Health and certain regulatory boards concerning destruction of records; regulations.

1 The State Board of Health and each board created pursuant to chapter 530, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637A, 637B, 640, 640A, 640B, 640C, 641, 641A, 641B or 641C of NRS shall post on its website on the Internet; if any, a statement which discloses that:

(a) Pursuant to the provisions of subsection 7 of NRS 629.051:

(1) The health care records of a person who is less than 23 years of age may not be destroyed; and

(2) The health care records of a person who has attained the age of 23 years may be destroyed for those records which have been retained for at least 5 years or for any longer period provided by federal law; and

(b) Except as otherwise provided in subsection 7 of NRS 629.051 and unless a longer period is provided by federal law, the health care records of a patient who is 23 years of age or older may be destroyed after 5 years pursuant to subsection 1 of NRS 629.051.

2 The State Board of Health shall adopt regulations prescribing the contents of the statements required pursuant to this section.

#### Healthcare Records Inspection; Copies-NRS 629.061

NRS 629.061 Health care records: Inspection; copies; use in public hearing; immunity of certain persons from civil action for disclosure.

1 Each provider of health care shall make the health care records of a patient available for physical inspection by:

(a) The patient or a representative with written authorization from the patient;

(b) The personal representative of the estate of a deceased patient;

(c) Any trustee of a living trust created by a deceased patient;

(d) The parent or guardian of a deceased patient who died before reaching the age of majority;

(e) An investigator for the Attorney General or a grand jury investigating an alleged violation of NRS 200.495, 200.5091 to 200.50995, inclusive, or 422.540 to 422.570, inclusive;

(f) An investigator for the Attorney General investigating an alleged violation of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive, or any fraud in the administration of chapter 616A, 616B, 616C, 616D or 617 of NRS or in the provision of benefits for Industrial Insurance; or

(g) Any authorized representative or investigator of a state licensing board during the course of any investigation authorized by law.

2 The records described in subsection 1 must be made available at a place within the depository convenient for physical inspection. Except as otherwise provided in subsection 3, if the records are located:

(a) Within this State, the provider shall make any records requested pursuant to this section available for inspection within 10 working days after the request.

(b) Outside this State, the provider shall make any records requested pursuant to this section available in this State for inspection within 20 working days after the request.

3. If the records described in subsection 1 are requested pursuant to paragraph (e), (f) or (g) of subsection 1 and the investigator, grand jury or authorized representative, as applicable, declares that exigent circumstances exist which require the immediate production of the records, the provider shall make any records which are located:

(a) Within this State available for inspection within 5 working days after the request.

(b) Outside this State available for inspection within 10 working days after the request.



4. Except as otherwise provided in subsection 5, the provider of health care shall also furnish a copy of the records to each person described in subsection 1 who requests it and pays the actual cost of postage, if any, the costs of making the copy, not to exceed 60 cents per page for photocopies and a reasonable cost for copies of X-ray photographs and other health care records produced by similar processes. No administrative fee or additional service fee of any kind may be charged for furnishing such a copy.

5. The provider of health care shall also furnish a copy of any records that are necessary to support a claim or appeal under any provision of the Social Security Act, 42 U.S.C. §§ 301 et seq., or under any federal or state financial needs-based benefit program, without charge, to a patient, or a representative with written authorization from the patient, who requests it, if the request is accompanied by documentation of the claim or appeal. A copying fee, not to exceed 60 cents per page for photocopies and a reasonable cost for copies of X-ray photographs and other health care records produced by similar processes, may be charged by the provider of health care for furnishing a second copy of the records to support the same claim or appeal. No administrative fee or additional service fee of any kind may be charged for furnishing such a copy. The provider of health care shall furnish the copy of the records requested pursuant to this subsection within 30 days after the date of receipt of the request, and the provider of health care shall not deny the furnishing of a copy of the records pursuant to this subsection solely because the patient is unable to pay the fees established in this subsection.

6. Each person who owns or operates an ambulance in this State shall make the records regarding a sick or injured patient available for physical inspection by:

- (a) The patient or a representative with written authorization from the patient;
- (b) The personal representative of the estate of a deceased patient;
- (c) Any trustee of a living trust created by a deceased patient;
- (d) The parent or guardian of a deceased patient who died before reaching the age of majority; or
- (e) Any authorized representative or investigator of a state licensing board during the course of any investigation authorized by law.

The records must be made available at a place within the depository convenient for physical inspection, and inspection must be permitted at all reasonable office hours and for a reasonable length of time. The person who owns or operates an ambulance shall also furnish a copy of the records to each person described in this subsection who requests it and pays the actual cost of postage, if any, and the costs of making the copy, not to exceed 60 cents per page for photocopies. No administrative fee or additional service fee of any kind may be charged for furnishing a copy of the records.

7. Records made available to a representative or investigator must not be used at any public hearing unless:

- (a) The patient named in the records has consented in writing to their use; or
- (b) Appropriate procedures are utilized to protect the identity of the patient from public disclosure.

8. Subsection 7 does not prohibit:

- (a) A state licensing board from providing to a provider of health care or owner or operator of an ambulance against whom a complaint or written allegation has been filed, or to his or her attorney, information on the identity of a patient whose records may be used in a public

hearing relating to the complaint or allegation, but the provider of health care or owner or operator of an ambulance and the attorney shall keep the information confidential.

(b) The Attorney General from using health care records in the course of a civil or criminal action against the patient or provider of health care.

9. A provider of health care or owner or operator of an ambulance and his or her agents and employees are immune from any civil action for any disclosures made in accordance with the provisions of this section or any consequential damages.

10. For the purposes of this section:

(a) "Guardian" means a person who has qualified as the guardian of a minor pursuant to testamentary or Judicial appointment, but does not include a guardian ad litem.

(b) "Living trust" means an inter vivos trust created by a natural person:

(1) Which was revocable by the person during the lifetime of the person; and

(2) Who was one of the beneficiaries of the trust during the lifetime of the person.

(c) "Parent" means a natural or adoptive parent whose parental rights have not been terminated.

(d) "Personal representative" has the meaning ascribed to it in NRS 132.265.

# Nevada Board of Optometry

## Complaint 18-05

# COMPLAINT AGAINST A LICENSED OPTOMETRIST

---

Individual filing Complaint

Complainant(s) "

Dana A. Thomas

Mailing Address \*

see file

Daytime Phone \*

Email \*

Optometrist/Subject of Investigation/ Respondent \*

Address\*

City\*

Phone\*

D/S/A \*

(Doing Business As)

What law(s) in NRS Chapter 636 or NAC 636, or others, do you believe were violated? "

Date(s) of Incident \*

7/13/17 to present

You must state the facts underlying your complaint with particularity and offer a statute or regulation that you feel has been violated. You must also provide a minimum level of credible evidence to support your claims, or they will be rejected as having failed to meet the minimal standard to prove.

Summary of Issues: (Please attach additional pages as needed and a copy of any evidence supporting your claims) \*

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0 of 600 max characters 1

Did you contact the Optometrist or the office they practice at regarding this complaint? \*

yes.

Did the Optometrist or the office they practice at respond? \*

yes

Were there any witnesses to the Incident? If so, Please provide name(s), address(es), and phone number(s) \*

see file

0 of 100 max characters

What would you consider a satisfactory resolution to this Complaint? \*

see file

Name, address, and phone number of any consulting or subsequent Doctor treating to the issue \*



Of 150 max characters

**If a formal charge is filed as a result of this Complaint, are you willing to testify under oath at a public hearing?**

*ff*

I authorize the Nevada State Board of Optometry to provide a copy of this Complaint to the subject of this Complaint and to obtain a copy of any of my patient records in the Doctor's possession.

I,

*see file*

being first duly sworn, deposes and states: I have read the foregoing Complaint and know the contents thereof; that the contents are true of my own knowledge, except as to those matters stated upon Information and belief, and as to those matters I believe it to be true.

**Attach Documents**



6/21/17 came back for 1st available appt for second exam with doctor and she corrected the rx

6/21/17 gave back the glasses and they were sent off for a redo with the correct rx

7/6/17 received the glasses again **FIRSTTIME COULD ACTUALLY SEE AND USE THE GLASSES!!**

7/13/17 called to advise the frames would not stay on at work and were sliding down/ husband works on production line and does a lot of glueing and was having to push them up many times per day with gloved hands that had glue on them (not safe could have got glue in his eyes)/ there was also irritation and redness on ears due to the constant moving of the glasses to keep them on/ he was only able to try these for 4 days from 7/6 to 7/13 due to only received 7/6 and was off july 6,7,8 / 1st day off after trying new glasses for 412 hr shifts was 7/13 which is when we notified this office (the absolute soonest we could tell them)

7/13/17 went to 2 other places to verify these were unable to be adjusted to fit better /when found out there was no fixing this pair of glasses I called and spoke to the office manager at eagle vision and requested to return these that day for a refund but was told they do not do refunds and the doctor does not talk to patients on the phone and was told to email the request to the doctor which i did/ there was no reply from the office until i turned in the dispute with citi then they called and offered to remake one more time to a regular (not safety glasses) pair/ so why would i pay 800 for second pair of regular glasses when we needed and requested a pair of safety glasses so we declined that offer //so why would we drive 20 miles from our residence to return them when they refused to refund them/ and they are welcome to have these back lets dont forget i offered them back for refund on 7/13 they said NO refunds/have not even tried to use them since 7/12/17 but since we do not trust this place we will only return for full refund and with a receipt of the return for proof they got them back/ or we can give to you citi bank and you can handle the transfer

instead on 7/13/17 we went to another place ordered safety glasses and this place got us the glasses in 7 days and they are great and have had no issues with them in fact he wears them 24 7 not just at work !

**total ordeal 57 days total/ 31 days at the lab/ 19 blurry/ 7J  
with correct rx but non working frame .!! in 7 days found out  
did not work!**

also was told 5/18/17 by the eye glass sales lady could return them within I thought she said 60 days my husband thought she said 90 days but regardless we were within 60 anyway

5/1\_8/17 we told them we wanted exam only with no extras but was told the extra was covered by my ins for medical and did not advise of copay before doing the test told that as we were leaving and paying for the glasses so we paid the 45 dollars copay

they state in their response that jack never complained about the frame on 6/21 well how can you know if frame works if not wearing cause you cant see due to wrong rx

we have worn glasses for 27 plus years they act like the remake was some favor they did/ they did the 1st pair wrong/ that was not a redo because of us /the only redo was from their mistake/ they are the reason for the remake/ not us// you cant see with a wrong rx /

- o define fraud : a person or thing intended to deceive others, typically by unjustifiably claiming or being credited with accomplishments or qualities.

if you cant make a correct rx maybe you should not be doing exams and taking subjects money when you do not want to redo when find out you have made a mistake /and when you do remake them dont penalize the customer as their fault and not help when they have an issue with the glasses/ an honest person would be able to recognize the remake was not the fault of the customer but of the quote unquote exam skills! also had no issue making us wait 7 additional days after telling them STILL could not see / i have never heard try for couple weeks for eyes to adjust to blurry/ maybe blurry glasses is normal here but its not normal anywhere else we have been

### **bottom line requested safety glasses and not receive working safety glasses had to buy them elsewhere**

dana and jack thomas

i 02 iii acc.f / tt ke. ( : ..  
ct. 1, ufl ; " V i q1.,; 03  
. 1 1 f. 7 1 1 -02- ; s g

Update. City gave up 9/10 city had me make glasses back was only way they would accept them  
Tried to take them 1st 7/13/17  
was told no Refunds + they did not want them



Ref D-748 556 140 9717



New  
Glasses  
Applied  
in 7 days  
are  
perfect  
& work

At many retailers, restocking fees are allowed as long as the fee is clearly disclosed and as long as it isn't charged if you're returning an item because of a defect or missing part, or because it wasn't what you ordered.

fkoyl ,jcc/1 /11 11, fS  
0 - t) )oot la ke. C?  
))a.y ton, /jl/  
775-777-6288





Print Date: 06/01/2017

Exam Date: 05/18/2017  
Expiration Date: 05/18/2018

**Final Spectacle Rx**

**Patient: Jack A. Thomas Jr.**

	Sphere	Cylinder	Axis	Horizontal Prism	Vertical Prism	Add	Dist PD	Near FD
<b>RT:</b>	-3.25	-3.25	117			+2.00	32	30
<b>LT:</b>	-3.00	-4.25	057			+2.00	32	30

**Lens Information**

	Product Nam	category	Material	COior
<b>RT:</b>				
<b>LT:</b>				
<b>Tint:</b>				

**Lens Add-on's**

[Empty box for Lens Add-on's]

**Notes**

[Empty box for Notes]

**Provider;**

\_\_\_\_\_

**License#:**

Print Date: 06/28/2016

Exam Date: 06/28/2016  
Expiration Date: 06/28/2017

Final Spectacle Rx

Patient: Jack A. Thomas Jr      Age: 50  
325 Poplar Dr  
Elko, NV 89801

	Sphere	Cylinder	Axis	Horizontal Prism	Vertical Prism	Add	Dist PD	Near PD
RT:	-3.50	-3.75	113			+2.25		
LT:	-3.00	-4.00	056			+2.25		

Lens Information

	Product Name	Category	Material	Color
RT:				
LT:		N/A	N/A	

Tint:	Color:	Degree:		
-------	--------	---------	--	--

Lens Add-on's

Empty box for lens add-ons

Notes

Empty box for notes

Exam Date: 06/28/2016    Exp' 17

Rx for:

Provider: \_\_\_\_\_

RT:							
Sph	cyl	Axis	H.Prism	V.Prism	Add	Dist PD	Near PD
-3.50	-3.75	113			+2.25		

LT:							
Sph	Cyl	Axis	H.Prism	V.Prism	Add	Dist PD	Near PD
-3.00	-4.00	056			+2.25		



09/14/2017

foli III Jack Thomas Jr. \$ 391.99

Three hundred ninety-one and 99/100

DOLLARS

Jack Thomas Jr.

MEMO

Returned Glasses

AUTHORIZED SIGNATURE

⑈00 64 58⑈ ⑆ 2 2400 7 24 ⑆ 004970853668⑈

09/14/2017 Jack Thomas Jr. 1458

Returned Glasses 391.99

*9-18-17  
Add with  
this payment  
they are still  
doing investigation*

Checking Account - Bank of America Returned Glasses 391.99

09/14/2017 Jack Thomas Jr. 1458

Returned Glasses 391.99

*9/29/17  
Superior Regional  
Social Denied because  
Rec Receipt of  
mail 9-14  
Cw 7/ 9-10*

Checking Account - Bank of America Returned Glasses 391.99



Citi® Double Cash Card-7708

Transaction Details

Date	Description	Amount
May 18, 2017		\$ 828.97
	Additional Detail:	
	Transaction Type: Purchase	
	Posted Date: May 18, 2017	
	Category: DENTISTS, ORTHODONTISTS	
	Merchant Number: MOJMJL06	
	Card Member: DANA A THOMAS	
	Merchant Country: United States	

7/14 Someone called, not offered to remake new frame glasses

7/14 filed dispute with citi

440.14 times in calendar Book



r; L / g - ('l -v<sub>1</sub>e exam

fiffYDY- 0 (i  
 .14t'-? D V h, - l walt -; aJ.&ll-0<sup>L</sup> ti- ) (Cf'-L  
 0 7 / !.e.cf. o, lK, exam &Ac.&LQ.A.I; \_c;:(

7-1 Got, pair could see beam



complaint

Thurod3y, July 13, 20114:45 PM

From: "danolhomno@JronUcr.com" <donethomo:i@frantfcr.com>

To: danathomas@rtonticr.eom

Pleasa refund Glasses we Just purchased/ i explained 11 Issues to your employees/ lhey advised only you CQUld auU'ortzo Ulis / thank you Jacko thomos Jr and dona o thomas

On Thu, 7/13/17,;

----- wrote:

Subject: email address

To: dnnnlhPPIflS@frontler.com

Cate: Thursday, July 13, 2017, 2:27 PM

Citi(CR) Cards  
P.O. Box 6013  
Sioux Falls, SD 57117-6013

August 21, 2017

DANA A THOMAS  
1021 OODLAKE CT  
DAYTON, NV  
89403-8602

Dear DANA A THOMAS:

This letter concerns the transaction described below made with card number 5424181249833984:

Date	Amount	Description
08/18/2017	\$828.97	

I received your recent letter, however, the following information is needed:

A second opinion letter from a similar merchant in the same industry on the merchant's letterhead, stating what you received from the original merchant was not necessary for the repair, is required. Include any documentation you have pertaining to this transaction including emails, contracts, invoices, work orders, signed agreements, or any other documentation to substantiate your claim.

Cardmember Signature! DANA U (Signature) 08/21/17 / 7

Please sign and return this letter with the requested information by 09/10/2017. Please do not send photographs, smart phone pictures or zip files as they are not compatible with our system. Our fax number is 1-866-799-4758 and our email address is billingdisputes@citi.com. Please!! reference this ID in the subject line of your email 0748556140717. Protecting your personal information is important to us. If you are emailing documentation back to Citi do not include personal information within the documentation or the body of your email response. This would include, but is not limited to, your account number, home address, Social Security number, etc. However, if this charge is correct and you accept responsibility for payment, please contact our Billing Dispute Unit at 1-877-601-8029. Our telecommunications number for hearing impaired customers is CS TOO 1-800-325-2865.

Sincerely,

Your Customer Service Team  
FEDERAL REGULATIONS REQUIRE THE STATEMENT PRINTED ON THE REVERSE SIDE.  
7RPRPH/L0/CH/RF/2621/GS3706Z/0-7485561 07177

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*f , ce , ! J ' 1 lo @ -*

*l, (a) f r - J ) a l - - j . { < f*  
*# t ' u - 17 . , ,*  
*r 1 d - w u . . " I T r l f . - V ( M ' E e S ( A U N ? A q J J*

---

Dear Citi,

On 07/13/2017 we made Jack Thomas a pair of safety glasses. Jack has a high prescription. We used a higher quality lenses, so we were able to process the higher prescription in a frame that fit Jack. It took a week to process his order. Jack is very happy with the quality of vision and the comfort of the frame. We did not have any trouble getting ilim the glasses in the time promised. If you need any more information regarding this matter, please call me at the store 775-461-2142.

Thank you,

Uell...\_1 Manager

General Monog ...

FFC

---



## Statement of Charges and Payments

Fee Slip Number: 65388  
 Date Printed: 09/14/2017  
 Provider;  
 Office Phone:

To: Jack A. Thomas Jr.  
 102 Woodlake Ct.  
 Dayton, NV 89403

Patient: 24833 Jack A. Thomas Jr.  
**Chart#:**  
 Home Phone: (775) 777-6288  
 Next **Appt:**  
 Date of Birth: 04/26/1966

Date of Service	Ord #	SKU #	Qty Description	CPT	Diagnosis	Amount	Patient Balance
09/14/2017	0		1 - Restocking Fee50%			391.98	
			<b>Total Current Charges</b>			391.98	
05/18/2017			Payment Applied by Credit Card at			(391.98)	
			<b>Total Payments</b>			(391.98)	
			<b>Balance Due</b>				0.00
			Other Open Items				(391.99)
			CREDIT Do Not Pay				(391.99)

Total Charges (Pat. Total + Ins. Total)= 391.98

Please be advised that a 50% restocking fee will be charged on returned glasses or contact lenses

Total Due	(391.99)	PaUent #		Statement Date	09/14/2017
Amount Enclosed		Check #	54833	Patient	Jack A. Thomas Jr.
		Chart#			

Jack A. Thomas Jr.  
 102 Woodlake Ct.  
 Dayton, NV 89403

DATE: 10/1/17

To:

DEAR

This letter is a demand for payment in the ammmnt of \$440.14.

TBELIEVE I AM OWED THIS AMOUNT AS A RESULT OP THE FOLLO\ING FACTS AND CIRCUMSTANCES: 5/19/i 7 WE PAID \$828.97 FOR A PAIR OF SAFETY GLASSES, FOR JACK A THOMAS .TR. 9/14/17 YOU REFUNDED PARTIAL PAYMENT OF 391.99, LEAVING A BALANCE OWED OF 440.14. (3.16 WAS :MAIL FEE TO RETURN\f GLASSES) SINCE YOU REFUSED TO , LOW US TO HAL DELIVER THE GLASSES, 'NHICH WERE NOT USEABLE. SINCE THE GLASSES WERE NOT USEABLE WE REQUESTED ASSISTANCE ON 7/13/17 WHICH YOU REFUSED TO ASSTST.

You arii hereby informed that you )lave ten (10) dnys f 'om the date of thiis letter to pRy the demanded amount or to make a satisfactory arrangement wit;1 me to fully rcsolv1 this matter. In the event this matter is not resolved to my satisfaction, tum it is my intent to file an action in Small Claims Court where I will also request that you pny the costs of suit associated with h1wng the matter heard by the court. Ple:tse guide yourself accordingly. Sincerely,

SIGNED / (

DANA ANN THOMAS, 102 WOODLAKE CT, PAYTON, NEVADA 775 777 6288

*Plea. If; -e Viet J a J J l. no/es iue  
llulwve Ln 0 Af, r + l e .*

*Rec by mail  
10/5/17*



**LENS:** Bilateral: Slit lamp observations include: Lens, both capsules, cortex, and nucleus are normal for age.  
**ANTERIOR CHAMBER:** Bilateral: Slit lamp observations include: Chambers are deep with no evidence of cells or flare.  
**ANTERIOR CHAMBER DEPTH:** Bilateral: By slit lamp estimation the angle is estimated as: Grade 4, fully open.  
**VITREOUS:** Bilateral: Slit lamp observations include: The vitreous is normal.  
**OPTIC NERVE:** Bilateral: Slit lamp examination: Optic disc appears normal.  
**OPTIC DISC EVALUATION:** Bilateral: The cup size is small.  
**MACULA:** Bilateral: The macula appears flat with no abnormalities.  
**CHOROID:** Bilateral: Choroid appears flat and normal.  
**RETINA:** Bilateral: Retina is flat, attached and normal.  
**RETINA - VASCULAR:** Bilateral: No drusen, exudate, hemorrhages or evidence of retinopathy, healthy retinal vasculature. No retinal hemorrhages noted.  
**DISPOSITION:** Patient is pleasant and sociable.  
**ORIENTATION:** Patient is fully alert to time, place and person.

**IMPRESSION(S)**

Bilateral: Disc cupping asymmetry  
Myopia  
Astigmatism  
Presbyopia

**PLAN**

**TREATMENT GLAUCOMA SUSPECT:** Bilateral: Imaging studies as indicated and monitor at directed intervals.  
**SPECTACLE PLAN:** Right Eye: Doctor's remake for spectacles made here.  
Bilateral: Rx spectacles.

**NOTES:** Pt's wife called and states that her husband's glasses slide too much at work because it's very hot and he sweats and he has to look down a lot and that is the only time that this is an issue. She said that any other time they are fine, I offered for them to bring the glasses in to see if we can adjust the glasses to help with that issue. She then said that they have been in 3 times to have the glasses adjusted and that they were told that was as tight as they could get them because of the design of the frame, I told her that is true of a sports fit but that I didn't have the frame right in front of me to see the structure of it that I would have to see the glasses to let her know if that was the case, and that if that was the case the fix for that was wearing a strap while he was working, she then got very upset and said that what they wanted was to return the glasses because they didn't work and they smashed his ears, I told her I did not have the authority to do that and she asked if I was the Dr. and I stated that I was the optician she said she thought that she was talking to the Dr. this whole time and requested to talk to the Dr. I told her that she was with patients and she said that she wanted the Dr. to call her back I said that what she could do was email the Dr. she stated that she just would do that to request a refund that we needed to stand behind our product and that the RX didn't work in the beginning, she said that they were better after remaking them, I told her they had the opportunity to fix any issues when we remade the glasses but they never expressed the frame was a problem and we made them aware we have only 1 opportunity to remake the glasses at no charge and that this was the time to fix any issues. Date-time: 07/13/2017 3:25:08 PM By: Ruiz, Esperanza

Called patient and wife answered I left message with her that we could restyle glasses at no charge, she stated that they were declining to remake glasses and that they are disputing the charges with her credit card company. Date-time: 07/14/2017 1:00:12 PM By: Ruiz, Esperanza

Received patient's glasses today, so talked to patient's wife and told her at this point as stated on receipt there is a 50 percent restocking fee. Patient then stated she will take us to small claims court. According to receipt we issued patient a check for 391.99, which is 50% of glasses and the \$45 exam is not being refunded to patient because exam was done. Date-time: 09/14/2017 1:18:08 PM By: Padilla, Courtnee

*said Regular glasses*

**PATIENT MANAGEMENT**

PRINTED Clinical Summary Report: 06/21/2017 16:57

PRINTED Patient Report: 06/21/2017 16:57

**COUNSELING:** Counseling has been provided to review this patient's case and discuss options for treatment.

**COUNSELING / EDUCATION:** I have verbally discussed my clinical findings and recommendations in detail with this patient and/or parents. They acknowledge that they do not have additional questions.

**ORDERS:**

Recall on or about 05/18/2018: Examination: Annual Eye Examination Ordered by: ;ntered by: - [Active] on 05/18/2017 By:

**PROFESSIONAL CORRESPONDENCE:** 06/21/2017 4:57:14 PM Auto Letter

**ATTENDING ATTESTATION:** As attending physician, I have directly participated in the care of this patient and present during the patient's care. I have reviewed and agree with the findings and recommendations documented and conducted direct examination when appropriate.

## Statement of Charges and Payments

Fee Slip Number: 65389  
 Date Printed: 10/03/2017  
 Provider:  
 Office Phone:

To: Jack A. Thomas Jr.  
 102 Woodlake Ct.  
 Dayton, NV 89403

Patient: 24833 Jack A. Thomas Jr.  
 Chart#:  
 Home Phono: (775) 777-6288  
 NextAppt:  
 Date of Birth: 04/26/1966

Date of Service	Ord#	SKU#	Qty	Description	CPT	Diagnosis	Amount	Patient Balance
05/18/2017	14914		1	CREDIT MEMO- RG FO VSTechA TrSGy	V2304	H524	(337.50)	
05/18/2017				Insurance Discount			67.50	
05/18/2017	14914		1	CREDIT MEMO- RG FO VSTechA TrSGy	V2305	H524	(337.50)	
05/18/2017				Insurance Discount			67.50	
05/18/2017	14914		1	CREDIT MEMO- Avalanche Ultra	V2702	H524	(125.00)	
05/18/2017				Insurance Discount			25.00	
05/18/2017	0		1	CREDIT MEMO- Generic Frame	V2020	H524	(115.00)	
05/18/2017				Insurance Discount			23.00	
				Sales Tax			(51.97)	
				Total current Charges			(783.97)	
09/14/2017	Payment Applied by Credit Card at						783.97	
				Total Payments			783.97	
				Balance Due				0.00
				Other Open Items				0.00
				NO PAYMENT NECESSARY				0.00

Total Charges (Pat. Total + Ins. Total)= (783.97)

Please be advised that a 50% restocking fee will be charged on returned glasses or contact lenses

Total 0 ; ----- 0.68-1- Patient # 24833 Patient Jack A. Thomas Jr.  
 Amount Enclosed Check # Chart#  
 Jack A. Thomas Jr.  
 102 Woodlake Ct  
 Dayton, NV 89403

## Statement of Charges and Payments

**Fee Slip Number:** 61821  
**Date Printed:** 1n10312017  
**Provider:**  
**Office Phone:**

To: Jack A. Thomas Jr.  
 102 Woodlake Ct.  
 Dayton, NV 89403

**Patient:** 24833 Jack A. Thomas Jr.  
**Chart#:**  
**Home Phone:** ens) 777-6288  
**NextAppt:**  
**Date of Birth:** 04/26/1966

Date of Service	Ord #	SKU #	Qty	Description	CPT	Diagnosis	Amount	Patient Balance
05/18/2017	0		1	Ophthalmological Exam w/ Refracti	50620	HS2.13	120.00	
				Billed HealthScope Benefits			(120.00)	
05/18/2017	0		1	Optic Nerve OCT	92133	H10.013	73.00	
				Billed HealthSCOpe Benefits			(73.00)	
05/18/2017	0		1	Pre-Hyper/Hyper BP documented, F/U	G8952	HS2.13	0.00	
				Patient Write-Off/ ADJ-			(28.00)	
				Transfer from Insurance to Patient/ ADJ- Deductible			28.00	
				Total Current Charges			45.00	
05/18/2017				Payment Applied by Mastercard a			(45.00)	
				Total Payments			(45.00)	
				Balance Due				0.00
				Other Open Items				0.00
				NO PAYMENT NECESSARY				0.00

Total Charges {Pat. Total + Ins. Total}= 193.00

NOTE: Billed to Insurance: \$148.00 plus Sales Tax of 0.00 = \$148.00

Please be advised that a 50% restocking fee will be charged on returned glasses or contact lenses

Amount Enclosed 0.60      T P U:nt## 624833      Patient Jack A. Thomas Jr.  
 Check#      Chart#

Jack A. Thomas Jr.  
 102 Woodlake Ct.  
 Dayton, NV 89403

## Statement of Charges and Payments

**Fee Slip Number:** 65388  
**Date Printed:** 10/03/2017  
**Provider:**  
**Office Phone:**

**To:** Jack A. Thomas Jr.  
 102 Woodlake Ct.  
 Dayton, NV 89403

**Patient:** 24833 Jack A. Thomas Jr.  
**Chart#:**  
**Home Phone:** (775) 777-6288  
**NextAppt:**  
**Date of Birth:** 04/26/1966

Date of Service	Ord#	SKU #	Qty	Description	CPT	Diagnosis	Amount	Patient Balance
09/14/2017	o			Restocking Fee50%			391.98	
				Total Current Charges			391.98	
05/18/2017				Payment Applied by Credit card a'			(391.98)	
				Total Payments			(391.98)	
				Balance Due				0.00
				Other Open Items				0.00
				NO PAYMENT NECESSARY				0.00

Total Charges (Pat. Total +Ins.Total)= 391.98

Please be advised that a 50% restocking fee will be charged on returned glasses or contact lenses

Amount Enclosed 0.00 Patient # 624833 Patient Jack A. Thomas Jr.  
 Check# \_\_\_\_\_ Chart# \_\_\_\_\_  
 Jack A. Thomas Jr.  
 102 Woodlake Ct.  
 Dayton, NV 89403

Cfti(R) Cards  
P.O. Box 6013  
Sioux Falls, SD 57117-6013

September 04, 2017

DANA A THOMAS  
102 L'COOLAKE CT  
DAYTON, NV  
89403-8602

ACCOUNT MIIA41D

Dear DANA A THOMAS:

This letter describes the transaction described below made with card number

Date	Amount	Description
05/18/2017	5828.97	1 == ...

At this time, we are unable to assist you with your dispute because the merchandise is in your possession and you have not returned the merchandise and are unable to supply us with a copy of a receipt, we may be able to assist you.

We now consider this investigation complete.

Sincerely,

Customer Service Team

PRINTED ON THE REVERSE SIDE.

ffll\i L fcGhijI2fi5,pi UND-1 fsrl1 i fyi

I know they are telling you a different story but this place refuses to take these back per Courtney 9/9/17 still will not take back. Called your office was advised to mail + get receipt from post office so here is



The Receipt w/ tracking

#. Thank you

Dana  
Please Reopen this dispute

*Dana Thomas*

0% J  
'J' C'0  
L,.,

THESE ARE BEING RETURNED AT THE REQUEST ,  
OF CITI BANK

f

YOUR OFFICE HAS REFUSED SEVERAL TIMES TO j  
ALLOW US TO DROP THEM OFF -

SO CITI BANK REQUESTED THE UNITED STATES  
POST OFFICE TAKE CARE OF THIS FOR US

ANY QUESTIONS OR COMMENTS PLEASE CALL  
CITI BANK

THANK YOU,

JACK A THOMAS JR AND DANA A THOMAS





IN THE JUSTICE COURT OF CARSON TOWNSHIP  
IN AND FOR CARSON CITY, STATE OF NEVADA

SMALL CLAIMS WORKSHEET

PLEASE PRINT OR TYPE:

Plaintiff: \_\_\_\_\_  
Name of Person Signing Affidavit: f) ana f) 7h "o/yas  
Address: /0 ;> U/0tJJ. (ck-e Cf Day 2111 NV 89403  
Street City State Zip Code  
Phone Number: 77 J.-777- 0z.g?

Defendant: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City State Zip Code

Employment: \_\_\_\_\_

Amount of Suit (Do not include court costs): -it/-/v-g. 1/-1-

Reason (Please be brief and specific): l? eigvis/ eo( u}0 t:./u 1\$

Sal-ey 9 (c;,,SS'-(s As f 2-1,? j7 #

- advised would not be able to fix

- the glasses. 9-14-17 Refunded partial

- amount but charged Restock fee

rJn2=U1 v.5 eah0 11-et,, f-lvd-, s 1.,, Re! :1,, e-lc:dlc...

THE LAW REQUIRES THAT YOU MAKE A DEMAND FOR PAYMENT OF THE CLAIMED AMOUNT PRIOR TO FILING SUIT. Fill in below when and how you made the demand for payment (for example, by letter, phone, in person, or another method).

Date Demand Made for Payment: ./:,, CJ -/ - / /:,,

How Made: faxed letter to office

1 (Your name or firm) Dana A. Thomas  
2 (Address) 1V uJoal{a ke C+  
3 D°1 JDY j) V q '103  
4 (Telephone) 72r-777-hzJ'f

5 IN THE JUSTICE COURT OF CARSON TOWNSHIP  
6 IN AND FOR CARSON CITY, STATE OF NEVADA

7 Dana A Thomas C eNo \_\_\_\_\_  
8 Plaintiff, Dept. No. \_\_\_\_\_  
9 Defendant.

11 AFFIRMATION  
12 Pursuant to NRS 239B.030/603A.040  
13 (Initial Appearance)

14 The undersigned does hereby affirm that upon the filing of additional documents in the above  
15 matter, an Affirmation will be provided ONLY if the document contains a social security  
16 number (NRS 239B.030) or "personal information" (NRS 603A.040), which means a natural  
17 person's first name or first initial and last name in combination with any one or more of the  
18 following data elements:

- 19 1. Social Security number.
- 20 2. Driver's license number or identification card number.
- 21 3. Account number, credit card number or debit card number, in combination with any  
22 required security code, access code or password that would permit access to the  
23 person's financial account.

24 The term does not include publicly available information that is lawfully made available to the  
25 general public.

26 (Your signature) \_\_\_\_\_ (Date) \_\_\_\_\_

27 The purpose of this initial affirmation is to ensure that each person who initiates a case, or UPON  
28 first appearing in a case, acknowledges their understanding that no further affirmations are  
29 necessary unless a pleading which is filed contains personal information.

IN THE JUSTICE COURT OF CARSON TOWNSHIP  
IN AND FOR CARSON CITY, STATE OF NEVADA

barra..I+ 'ihomas

Plaintiff,

vs.

Filed:

Case No:

Serve: \_\_\_\_\_

Address for sevice: \_\_\_\_\_

**AFFIDAVIT OF COMPLAINT**

I, the undersigned Dana ft lhOfrlaS residing at

...I o... "W. o p d l ( . l c : e , , , f - - " J ) , , , , 3 / 4 : h n ; V < = v , 8 ' 9 V o , S, being sworn,

Say, either upon my knowledge or my information and belief, defendant(s) is (are) indebted to the plaintiff in the sum of 4ft? It/, plus court costs, for the following reason(s) r/1 us: b/e, p e l l l

J S'g..Le.b: § /c.SseS

This declarant has demanded payment of said sum. The defendant(s) refused to pay the same and no part has been paid. At the commencement of this action, the defendant resides, does business, or is employed in the Carson Township.

Subscribed and Sworn to before me this

Date: \_\_\_\_\_

Plaintiff or Declarant

DEPUTY CLERK/NOTARY

**ORDER**

THE PEOPLE OF THE STATE OF NEVADA, to the within-named defendant(s): You are hereby directed to appear and answer the foregoing claim, in the above entitled court at:

**885 EAST MUSSER STREET, SUITE #2007, CARSON CITY, NEVADA**

On \_\_\_\_\_, at \_\_\_\_\_ M. Reset for \_\_\_\_\_, at \_\_\_\_\_ M.  
Reset for \_\_\_\_\_, at \_\_\_\_\_ M. Reset for \_\_\_\_\_, at \_\_\_\_\_ M.

By \_\_\_\_\_  
CLERK

**PLAINTIFF AND DEFENDANT:** YOU SHOULD EACH BRING WITH YOU AT THE TRIAL WITNESSES YOU WISH TO HAVE TESTIFY, AND TWO EXTRA SETS OF COPIES OF ANY DOCUMENTS, PICTURES, STATEMENTS, ETC., THAT YOU WILL PRESENT AT THE TRIAL. ONE SET WILL BE FOR THE JUDGE AND THE OTHER SET FOR THE OPPOSING PARTY.

**APPEAL:** IF YOU ARE DISSATISFIED WITH THE COURT'S DECISION, YOU MAY APPEAL THE COURT'S DECISION WITHIN 5 DAYS AFTER THE DATE OF ENTRY OF THE JUDGMENT. THE JUDGMENT IS ENTERED 5 DAYS AFTER YOUR COURT APPEARANCE. THE PARTY APPEALING IS REQUIRED TO POST A CASH BOND. THE COURT DOES NOT PROVIDE TYPING FORMS OR ASSISTANCE IN FILING YOUR APPEAL. IF YOU NEED LEGAL ADVICE OR HELP IN FILING YOUR APPEAL, YOU SHOULD CONSULT WITH AN ATTORNEY.

**DEFENDANT:** FOR MORE INFORMATION ON WHAT TO DO NEXT, SEE PAGE 2 OF THIS DOCUMENT.

THE CLERKS AND JUDGES MAY NOT GIVE YOU LEGAL ADVICE.

**THIS MATTER WILL BE HEARD BEFORE A COURT APPOINTED REFEREE/HEARING MASTER**

**PROOF OF SERVICE**

Case No. \_\_\_\_\_

1. At the time of service I was at least 18 years of age and not a party to this action.

2. Party served: \_\_\_\_\_

Address where served: \_\_\_\_\_

3.  The party served with \_\_\_\_\_, DEFENDANT 1 named on the Affidavit of Complaint and Order.

4.  The party served was \_\_\_\_\_, DEFENDANT 2 named on the Affidavit of Complaint

5. The party served was \_\_\_\_\_  
NAME (ON BEHALF OF DEFENDANT 1)

6. The party served was \_\_\_\_\_  
NAME (ON BEHALF OF DEFENDANT 2)

7. I hereby certify that the foregoing is true and correct.

\_\_\_\_\_  
(signature of person making service)

\_\_\_\_\_  
(print name)

6. Date: \_\_\_\_\_

**INFORMATION FOR DEFENDANTS IN SMALL CLAIMS ACTIONS:**

1. **NON APPEARANCE:** IF YOU DO NOT WISH TO CONTEST THE PLAINTIFF'S CLAIM YOU MAY: a) MAKE AN OUT-OF-COURT SETTLEMENT WITH THE PLAINTIFF BEFORE THE COURT DATE OR b) MAKE NO APPEARANCE AT THE TRIAL, IN WHICH CASE THE PLAINTIFF MAY BE GIVEN A JUDGMENT BY DEFAULT FOR THE AMOUNT CLAIMED, PLUS COSTS.

2. **DEFENSES:** IF YOU WISH TO CONTEST THE CLAIM AGAINST YOU, YOU MUST APPEAR ON THE DATE SET FOR TRIAL WITH ALL BOOKS, PAPERS, AND WITNESSES NEEDED TO ESTABLISH YOUR DEFENSE.

3. **COUNTERCLAIMS:** IF YOU BELIEVE EITHER a) THE PLAINTIFF OWES YOU MORE MONEY THAN YOU OWE PLAINTIFF OR b) PLAINTIFF'S CLAIM SHOULD BE REDUCED BY A SUM PLAINTIFF OWES YOU, YOU MUST FILE A COUNTERCLAIM WITH THE COURT AS SOON AFTER YOU RECEIVE THIS DOCUMENT AS POSSIBLE.

4. **10 DAYS NOTICE:** YOU ARE ENTITLED TO BE SERVED WITH THIS COMPLAINT AND ORDER AT LEAST 10 DAYS PRIOR TO THE TRIAL DATE. IF YOU ARE SERVED LESS THAN 10 DAYS BEFORE TRIAL, YOU MAY a) APPEAR IN COURT AND REQUEST A CONTINUANCE OR b) APPEAR IN COURT, WAIVE YOUR STATUTORY RIGHT TO SUCH SERVICE, AND PROCEED WITH THE TRIAL.

5. **PAYMENT:** IF THE PLAINTIFF RECOVERS A JUDGMENT AGAINST YOU, HE IS ENTITLED TO IMMEDIATE PAYMENT OF THE FULL AMOUNT PLUS COURT COSTS. PAYMENTS MUST BE MADE DIRECTLY TO THE PLAINTIFF.



# Nevada Board of Optometry

## Complaint 18-06



Nevada  
PRESCRIPTION  
MONITORING  
PROGRAM

NEVADA STATE BOARD OF PHARMACY

## NEVADA PRESCRIPTION MONITORING PROGRAM

431 W. PLUMBLANE • RENO • NEVADA • 89509-3766  
(775) 687-5694 (PH) • (775) 687-5161 (F) • PMP@PHARMACY.NV.GOV

---

October 31, 2017

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

Dear Nevada State Board of Optometry,

Pursuant to NRS 453.164, the Nevada Board of Pharmacy, by means of utilization of the Nevada Prescription Monitoring Program (PMP), is required to:

*"Report any activity it reasonably suspects may indicate fraudulent, illegal, unauthorized or otherwise inappropriate activity related to the prescribing, dispensing or use of a controlled substance to the appropriate law enforcement agency or occupational licensing board and provide the law enforcement agency or occupational licensing board with the relevant information obtained from the program for further investigation."*

This letter serves as notification that a review of data in the Prescription Monitoring Program (PMP) has identified the below listed individual and activities as reportable under the above cited statute. The associated information is being provided to you for further investigation.

**No PMP Account:**

On October 31, 2017, PMP Compliance Coordinator David Jones was conducting a routine review of PMP accounts for prescribing practitioners. The review disclosed that Dr.

has not established a PMP account. Writing controlled substance prescriptions without establishing and utilizing the PMP to review patient records is a violation of NRS 639.23507.

By default, failure to establish a PMP account would also imply that Dr. has not complied with NRS 453.164(6) which states:

*"Each practitioner who is authorized to write prescriptions for controlled substances listed in schedule II, III or IV shall, to the extent the program allows, access the database of the program established pursuant to NRS 453.162 at least once each 6 months to:*

*(a) Review the information concerning the practitioner that is listed in the database and notify the Board if any such information is not correct; and*

*(b) Verify to the Board that he or she continues to have access to and has accessed the database as required by this subsection. "*

**Questionable Prescribing Activities:**

An on-line review of the Board of Optometry's website on October 31, 2017, disclosed that Dr. [redacted]; license number is 304 and expires on February 28, 2018.

A query of Dr. [redacted] prescription history (DEA: MM0605521) for the period October 31, 2016, through October 30, 2017, revealed the following prescriptions:

<u>Patient</u>	<u>Written Date</u>	<u>Fill Date</u>	<u>Drug</u>	<u>Qty/ Supply</u>
[redacted]	11-28-16	12-28-16	Alprazolam 0.5 mg	60 / 30 (refill)
[redacted]	12-9-16	12-9-16	Acetamin - Cod	6 / 2
[redacted]	11-28-16	11-28-16	Alprazolam 0.5 mg	60 / 30

Based upon the prescriptions listed above, Dr. [redacted] prescription for Alprazolam appears to fall outside the scope of a Therapeutic Phannaceutical Agent as defined by NRS 636.024. As a result, Dr [redacted] may be in violation of NRS 636.288 and/or NRS 636.295.

Dr. [redacted] relationship, if any, to [redacted], Miller is unconfirmed. A review of Clark County Assessor's records listed parcel number [redacted] -- for the [redacted], - Family Trust with the names of [redacted] and [redacted].

**Expired Controlled Substance License:**

Review of Board of Phannacy records disclosed that Dr. [redacted] EXPJRED controlled substance license number is [redacted]. The license expired on Uctooer 31, 2016. Mr [redacted] three prescription listed above were written after his controlled substance license expired with the Board of Pharmacy. Writing a controlled substance prescription without an active, valid controlled substance license issued by the Board of Pharmacy would be a violation of NRS 453.226. For reference, Dr. [redacted], controlled substance license records show his DEA number as [redacted].

The Board of Pharmacy is referring these matters for review and disciplinary action, if any, as the Board of Optometry deems appropriate. If you have questions regarding this notice or the infonnation contained herein, please contact Compliance Coordinator David Jones at the PMP at 775-687-5694.

Sincerely,

Nevada Board of Plrnnarmacy  
Prescription Monitoring Program

Nevada State Board of Optometry  
Post Office Box 1824  
Carson City, NV 89702  
775-883-8867

RE: Complaint 18-06

Dear Nevada State Board of Optometry.

I am writing a response to the complaint 18-06 that I received via certified mail.

I will attempt to address each section of the complaint.

1<sup>st</sup> - I did not write any prescriptions for a person named [redacted]. She is not a patient of record within my office and I have no relationship with her whatsoever. She is not a family member and I have never seen nor talked with her. I was never contacted by a pharmacy about this prescription being filled and would have stated that it was fraud had I been.

2<sup>nd</sup> - I did write a prescription for Patient [redacted] for Tylenol #3 for pain due to a corneal issue. It was written for a two day supply with no refills. I am including the Patient files with this letter.

3<sup>rd</sup> - In reviewing my records, I did find that my Controlled Substance License had lapsed. It was an oversight on my part, first time in over twenty years. I believe I associated the renewal with my DEA and assumed that it would be renewed at the same time. I don't recall receiving notices about the renewal, which could be due to our office moving and difficulty getting mail forwarded from the old address.

4<sup>th</sup> - I was unaware of the Prescription Monitoring Program and my need to sign up for it. No excuses, but I just don't write that many narcotic prescriptions. I think two or three in the last twenty years so I was caught unaware of this program. I am very aware of it now.

I have taken steps to rectify my errors:

I have paid the fees and submitted the paperwork to renew my Controlled Substance License. It should be active by the time the board meets.

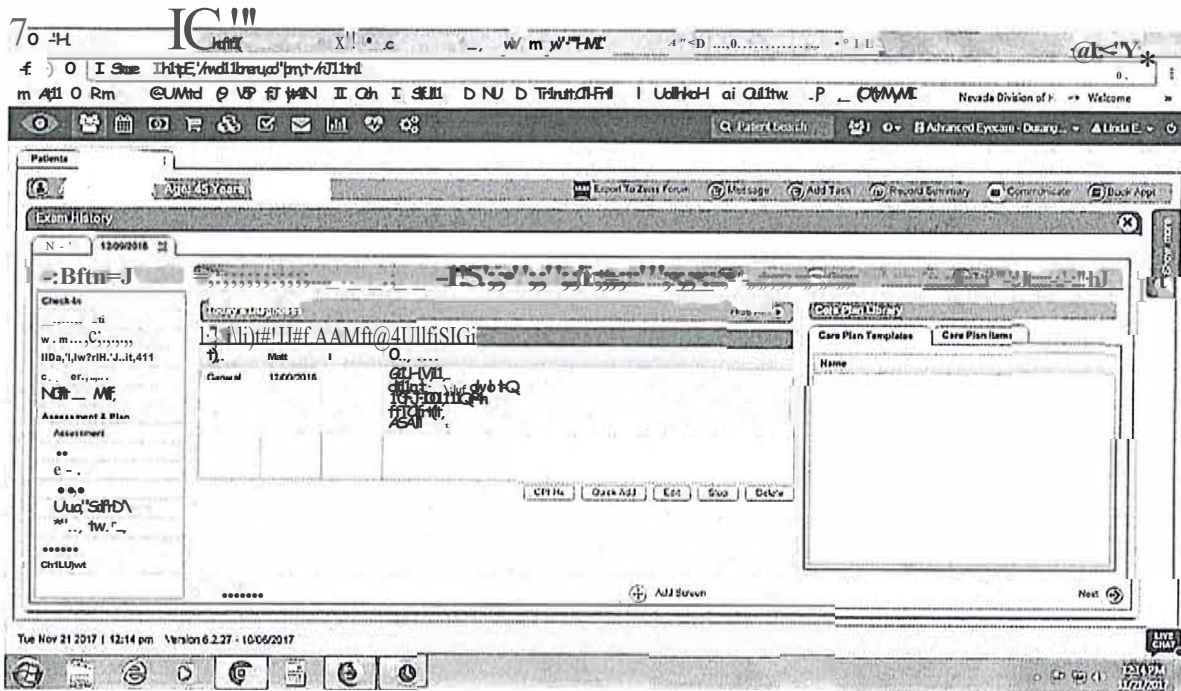
I have signed up for the Prescription Monitoring Program and will be active by the time the board meets.

I am unsure as to what to do with the fraudulent prescription activity. As I said before, I did not write the two prescriptions cited for she is not a patient of record, and is of no family relation.

If I can be of more help, please let me know.

Thank You.





The chart would not print the plan completely so I printed a screen shot

# Patient Encounter Details

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<i>IPatient</i>	<i>Provider</i>	<i>Encounter</i>
-----------------	-----------------	------------------

---

OD#:

Date: 12/09/2016

Type: OV-Medical

DOB: . Years

Sex: Female

## History

### Reason For Visit

**Patient Reason:**

Comea drk OS  
painful  
light sensllve  
watering  
blurred vision OS

**Referring Provider;**

**Addi Reason:**

**Provider Reason:**

---

### Review of Systems

**Ocular:**

Constitution Negative

ENT: Negative

Nouro: Negative

Psych: Negative

Cardlo: Hypertension

Respiratory: Asthma

GI: Negative

GU: Negative

Muse/Skol: Negative

Integ: Negative

Endo: Type 2 Diabetes Mellitus

Hem/Lymph Hypercholesteremia

Allergy/Im Negative

**Additional Comments:**

---

### Current Medications

Start Date	Description
12/09/2016	Dexamethasone 1 MG/ML/ Tobramycin 3 MG/ML Ophthalmic Suspension
06/03/2016	Ventolin HFA 0,09 MG/ACTUAT (albuterol sulfate 0.108 MG/ACTUAT from mouthpiece) 60 ACTUAT Metered
06/03/2016	Levothyroxine Sodium 01 MG Oral Tablet
06/03/2016	Lisinopril
06/03/2016	viamin D 3
06/03/2016	B complex
06/03/2016	Fish Oil
06/03/2016	mullivitamin

Reviewed by on 12/09/2016 10:22 AM

Allergies

Medication Allergies

Other Allergies

Medication/Allergen Group Reactions
Rocephin 350 MG/ML

No known other allergies
No latex sensitivity

Comments

Comments

Orientation/Mood

Orientation/Mood

Related Conditions

Orientation: Normal
Mood: Normal

Employment: No
Auto Accident: No State
Other Accident: No

Past, Family, Social History

Ocular History

Family History

Social History

Ocular:
Additional Comments:
Cataract: Negative; Glaucoma: Negative;
Mac Degen.: Negative; Ret Detach: Negative;
Lazy Eye: Negative; Crossed Eye: Negative;
Dryness: Negative;

Ocular:
Medical:
Additional Comments:

Tobacco: Unknown
Smoking:
Alcohol: Unknown
Hobbies:

Family Medical History

Updated By:
Updated On: 12/09/2016
Comments:

Table with 5 columns: Created On, Code, Description, Relationship, Comment. Rows include Family History entries for Cancer, Diabetes mellitus type 2, Hypothyroidism, Diabetes mellitus h first degree relative, Hyperthyroidism, Hypertension, and Diabetes mellitus type 1.

Family Ocular History

Updated By;

Updated On; 12/09/2016

Comments:

Created On:	Code;	Description:	Relationship:	Comment:
06/03/2016	431812006	Family History: Degenerative disorder of macula (situation)	N F,M,Bro,Sis,S,D	
06/03/2016	160347007	Family History: Glaucoma (situation)	N F,M,Bro,Sis,S,O	
06/03/2016	160348002	Family History: Cataract (situation)	N F,M,Bro,Sis,S,D	

ExaminationEntrance TestingAided Visual Acuity

<i>OD Distance VA (201)</i>	20	<i>OS Distance VA (201)</i>	50
<i>OD Distance VA Modifier</i>		<i>OS Distance VA Modifier</i>	+2
<i>OD Pinhole VA (201)</i>		<i>OS Pinhole VA (201)</i>	30
<i>OD Pinhole VA Modifier</i>		<i>OS Pinhole VA Modifier</i>	-2
<i>OU Distance VA (201)</i>	20	<i>OU Distance VA Modifier</i>	-1
<i>Rx Worn</i>	Habitual Glasses	<i>VA Method</i>	Snellen

Intraocular Pressure

<i>OD TONOPEN</i>	17	<i>OS TONOPEN</i>	20
<i>IOPTON</i>	08:10 AM		

Anterior/PosteriorSlit Lamp

<i>Adnexa OD</i>	NL	<i>Adnexa OS</i>	NL
<i>Anterior Chamber OD</i>	Deep & Quiet	<i>Anterior Chamber OS</i>	Deep & Quiet
<i>Bulb Conj OD</i>	SubConj-Hem	<i>Bulb Conj OS</i>	SubConj-Hem
<i>Cornea OD</i>	Clear	<i>Cornea OS</i>	Other
<i>Episclera OD</i>	Clear	<i>Episclera OS</i>	Clear
<i>OD Iris</i>	Flat and Clear	<i>OS Iris</i>	Flat and Clear
<i>OD Lens</i>	Clear	<i>OS Lens</i>	Clear
<i>Palpebral Conjunctiva OD</i>	Clear	<i>Palpebral Conjunctiva OS</i>	Clear
<i>Sciera OD</i>	Clear	<i>Sciera OS</i>	Clear
<i>Comment</i>	Large area loose epithelium central - no SEI-noAC rm		

, OD#

121os12ois]

DPA's Used

DPA's

5.0 Horn

**jAssessment and Plan**

Diagnoses

Dx Date	Dx	Description	Eye	Care Plan
12/08/2016	H16.102	Unspecified superficial keratitis, left eye		BCUH5Nlgamox dic tobradex today dye to BCL

01:ignosos Comments

slip K debridement OS- Resolving  
? Recurrent Erosion CD - resolving

Additional Comments

**Coding**

Service	Description	Diagnoses
99213	E&M LEVEL 3 EST PT	H16.102

Signed by                      OD on



# Patient Encounter Details

<i>Patient</i>	<i>Provider</i>	<i>Encounter</i>
	OD#	Date: 12/10/2016 Type: OV-Medical

DOB: 44 Years  
Sex: Female

## History

### Reason For Visit

Patient Reason: Kchk reports less pain less photophobia tr discharge no va change from yesterday	Referring Provider:  Addi Reason:
Provider Reason:	

### Review of Systems

Ocular:  
Constitution Negative  
ENT: Negative  
Neuro: Negative  
Psych: Negative  
Cardio: Hypertension  
Respiratory: Asthma  
GI: Negative  
GU: Negative  
Musc/Skel: Negative  
Integ: Negative  
Endo: Type 2 Diabetes Mellitus  
HemfLymph Hypercholesteremia  
Allergy/Im Negative

Additional Comments:  
DM - off all medications since bariatric sx

### Current Medications

Start Date	Description
12/09/2016	Dexamethasone 1 MG/ML/ Tobramycin 3 MG/ML Ophthalmic Suspension
06/03/2016	Ventolin HFA 0.09 MG/ACTUAT (albuterol sulfate 0.108 MG/ACTUAT from mouthpiece) 60 ACTUAT Metered
06/03/2016	Lcvothyroxine Sodium 01 MG Oral Tablet
06/03/2016	Usinopril
06/03/2016	vitamin D 3
06/03/2016	B complex
06/03/2016	Fish Oil
06/03/2016	multivitamin

Reviewed by > on 12/10/2016 10:18 AM

**Allergies**

Medication Allergies

Other Allergies

Medication/Allergen Group Reactions  
Rocephin 350 MG/ML

No known other allergies  
No latex sensitivity

Comments

Comments

**Orientation/Mood**

Orientation/Mood

Related Conditions

Orientation: Normal  
Mood: Normal

Employment: No  
Auto Accident: No State  
Other Accident: No

**Past, Family, Social History**

Ocular History

Family History

Social History

Ocular:  
Additional Comments:  
Cataract: Negative; Glaucoma: Negative;  
Mac Degen.: Negative; Ret Detach: Negative;  
Lazy Eye: Negative; Crossed Eye: Negative;  
Dryness: Negative;

Ocular:  
Medical:  
Additional Comments:

Tobacco: Unknown  
Smoking:  
Alcohol: Unknown  
Hobbies:

Family Medical History

Updated By:  
Updated On: 12/12/2016  
Commons:

Created On:	Code:	Description:	Relationship:	Comment:
06/03/2016	275937001	Family History: Cancer (situation)	N F,M,Bro,Sis,S,D	
06/03/2016	160357008	Family History: Hypertension (situation)	N F,M,Bro,Sis,S,D	
06/03/2016	430678008	Family History: Diabetes mellitus type 1 (situation)	N F,M,Bro,Sis,S,D	
06/03/2016	430089002	Family History: Hypertthyroidism (situation)	N F,M,Bro,Sis,S,D	
06/03/2016	300934004	Family History: Hypothyroidism (situation)	N F,M,Bro,Sis,S,D	
06/03/2016	418855002	Family History: Diabetes mellitus in first degree relative (situation)	N F,M,Bro,Sis,S,D	
06/03/2016	430679000	Family History: Diabetes mellitus type 2 (situation)	N F,M,Bro,Sis,S,D	Maternal Grandparents

Family Ocular History

Updated By:

Updated On: 12/12/2016

Comments:

Created On:	Code:	Description:	Relationship:	Comment:
06/03/2016	160347007	Family History: Glaucoma (situation)	N F,M,Bro,Sis,S,D	
06/03/2016	431812006	Family History: Degenerative disorder of macula (situation)	N F,M,Bro,Sis,S,D	
06/03/2016	160348002	Family History: Cataract (situation)	N F,M,Bro,Sis,S,D	

ExaminationEntrance TestingAldod Visual Acuity

<i>OD Distance VA (201)</i>	20	<i>OS Distance VA (201)</i>	50
<i>OD Pinhole VA (201)</i>		<i>OS Pinhole VA (201)</i>	30
<i>OU Distance VA (201)</i>	20	<i>Rx Worn</i>	Habitual Glasses
<i>VA Method</i>	Snellen		

IcareTonometry

<i>ODTONOPEN</i>	14	<i>OSTONOPEN</i>	14
<i>IOP TON</i>	06:07 AM		

Pupils

<i>PERRLA</i>	Yes
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Anterior/PosteriorSlit Lamp

<i>Adnexa OD</i>	NL	<i>Adnexa OS</i>	NL
<i>Anterior Chamber OD</i>	Deep & Quiet	<i>Anterior Chamber OS</i>	Deep & Quiet
<i>Bulb Conj OD</i>	SubConjHem	<i>Bulb Conj OS</i>	SubConjHem
<i>Cornea OD</i>	Clear	<i>Cornea OS</i>	Other
<i>Episclera OD</i>	Clear	<i>Episclera OS</i>	Clear
<i>OD Iris</i>	Flat and Clear	<i>OS Iris</i>	Flat and Clear
<i>OD Lens</i>	Clear	<i>OS Lens</i>	Clear
<i>Palpebral Conjunctiva OD</i>	Clear	<i>Palpebral Conjunctiva OS</i>	Clear
<i>Sclera OD</i>	Clear	<i>Sclera OS</i>	Clear
<i>Comment</i>	K abrasion - 95% resolved - tr edema - no SEI - no AC dxn		

Assessment and Plan

12/10/2016

Diagnoses

Ox Date	Dx	Description	Eye	Care Plan
12/08/2016	H16.102	Unspecified superficial keratitis, left eye		cont BCLNigamox

Diagnoses Comments

Resolving K abrasion

Additional Comments

Coding

Service	Description	Diagnoses
99213	E&M LEVEL 3 EST PT	H16.102

Signed by OD on 12/12/2016

*This information is a summary of all examination findings from this patient encounter, and should be taken only as a representation of clinical data and decisions made at that individual visit.*

Exam History

History 12/09/2016 12/10/2016

Workup Allergies Launch Zentao Forum Review On Screen Current Task Notes View

Hide All

History

Type	Start	Stop	Description
General	12/10/2016		exam BCLA by James RIC 2 c/r ok ASAP if worst

CFR's Add Add Edit Stop Delete

ADD SCREEN

Next



# Nevada Board of Optometry

Complaint 18-07



Nevada  
**PRESCRIPTION  
MONITORING  
PROGRAM**

NEVADA STATE BOARD OF PHARMACY  
**NEVADA PRESCRIPTION MONITORING PROGRAM**

431 W. PLUMBLANE • RENO • NEVADA • 89509-3766  
(775) 687-5694 (PH) • (775) 687-5161 (F) • PMP@PHARMACY.NV.GOV

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October 31, 2017

Nevada State Board of Optometry  
PO Box 1824  
Carson City, NV. 89702

Dear Nevada State Board of Optometry,

Pursuant to NRS 453.164, the Nevada Board of Pharmacy, by means of utilization of the Nevada Prescription Monitoring Program (PMP), is required to:

*"Report any activity it reasonably suspects may indicate fraudulent, illegal, unauthorized or otherwise inappropriate activity related to the prescribing, dispensing or use of a controlled substance to the appropriate law enforcement agency or occupational licensing board and provide the law enforcement agency or occupational licensing board with the relevant information obtained from the program for further investigation. "*

This letter serves as notification that a review of data in the Prescription Monitoring Program (PMP) has identified the below listed individual and activities as reportable under the above cited statute. The associated information is being provided to you for further investigation.

**No PMP Account:**

On October 31, 2017, PMP Compliance Coordinator David Jones was conducting a routine review of PMP accounts for prescribing practitioners. The review disclosed that Dr. [redacted] has not established a PMP account. Writing controlled substance prescriptions without establishing and utilizing the PMP to review patient records is a violation of NRS 639.23507.

By default, failure to establish a PMP account would also imply that Dr. [redacted] has not complied with NRS 453.164(6) which states:

*"Each practitioner who is authorized to write prescriptions for controlled substances listed in schedule II, III or IV shall, to the extent the program allows, access the database of the program established pursuant to NRS 453.162 at least once each 6 months to:*

*(a) Review the information concerning the practitioner that is listed in the database and notify the Board if any such information is not correct; and*

*(b) Verify to the Board that he or she continues to have access to and has accessed the database as required by this subsection. "*

**Questionable Prescribing Activities:**

An on-line review of the Board of Optometry's website on October 31, 2017, disclosed that Dr. [redacted] license number is [redacted] and expires on February 28, 2018.

A query of Dr. [redacted] prescription history (DEA: [redacted] for the period October 31, 2016, through October 30, 2017, revealed the following prescriptions:

<u>Patient</u>	<u>Written Date</u>	<u>Fill Date</u>	<u>Drug</u>	<u>Qty/ Supply</u>
	10-18-17	10-20-17	Hydrocodone -Acet.	20 / 5
	8-31-17	8-31-17	Tramadol	16 / 4
	8-8-17	8-8-17	Hydrocodone -Acet.	12 / 3
	7-6-17	7-6-17	Hydrocodone - Acet.	12 / 3
	2-2-17	2-2-17	Hydrocod - Chlorphen ER susp	100 / 10

Based upon the prescriptions listed above, Dr. [redacted] s prescriptions may fall outside the scope of a Therapeutic Pharmaceutical Agent as defined by NRS 636.024, and/or were prescribed for a period of more than 72 hours. As a result, Dr. [redacted] may be in violation of NRS 636.2882 and/or NRS 636.295.

Review of Board of Pharmacy records disclosed that Dr. [redacted] has a valid controlled substance license with the Board of Pharmacy. His license number is [redacted] and expires on October 31, 2018. For reference, Dr. [redacted] controlled substance license records show his DEA number as [redacted]

The Board of Pharmacy is referring these matters for review and disciplinary action, if any, as the Board of Optometry deems appropriate. If you have questions regarding this notice or the information contained herein, please contact Compliance Coordinator David Jones at the PMP at 775-687-5694.

Sincerely,

Nevada Board of Pharmacy  
Prescription Monitoring Program

# Nevada Board of Optometry

## Complaint 18-08



Nevada  
PRESCRIPTION  
MONITORING  
PROGRAM

NEVADASTATEBOARDOPHARMACY

## NEVADA PRESCRIPTION MONITORING PROGRAM

431 W. PLUMB LANE • RENO • NEVADA • 89509-3766  
(775) 687-5694 (PH) • (775) 687-5161 (F) • PMP@PHARMACY.NV.GOV

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November 2, 2017

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

Dear Nevada State Board of Optometry,

Pursuant to NRS 453.164, the Nevada Board of Pharmacy, by means of utilization of the Nevada Prescription Monitoring Program (PMP), is required to:

*"Report any activity it reasonably suspects may indicate fraudulent, illegal, unauthorized or otherwise inappropriate activity related to the prescribing, dispensing or use of a controlled substance to the appropriate law enforcement agency or occupational licensing board and provide the law enforcement agency or occupational licensing board with the relevant information obtained from the program for further investigation."*

This letter serves as notification that a review of data in the Prescription Monitoring Program (PMP) has identified the below listed individual and activities as reportable under the above cited statute. The associated information is being provided to you for further investigation.

On November 2, 2017, PMP Compliance Coordinator David Jones was conducting a routine review of PMP accounts for prescribing practitioners.

The PMP records review disclosed that Dr. \_\_\_\_\_ does not have a PMP account.

A review of Dr. \_\_\_\_\_ prescribing history for the period of October 31, 2016, through October 30, 2017, revealed one prescription for patient \_\_\_\_\_. The prescription was written and filled on November 3, 2016, for 20 tablets of Hydrocodone-Acetaminophen for a 3 day supply.

A review of the Optometry Board's on-line records shows Dr. \_\_\_\_\_, license number is \_\_\_\_\_ is valid through February 28, 2018. A review of Board of Pharmacy records failed to identify a controlled substance license for Dr. \_\_\_\_\_.

**Potential Violations:**

Writing a controlled substance prescription without establishing and utilizing the PMP to review patient records is a violation of NRS 639.23507.

By default, failure to establish a PMP account also implies that Dr \_\_\_\_\_ has not complied with NRS 453.164(6) which states:

*"Each practitioner who is authorized to write prescriptions for controlled substances listed in schedule II, III or IV shall, to the extent the program allows, access the database of the program established pursuant to NRS 453.162 at least once each 6 months to:*

*(a) Review the information concerning the practitioner that is listed in the database and notify the Board if any such information is not correct; and*

*(b) Verify to the Board that he or she continues to have access to and has accessed the database as required by this subsection. "*

Writing a controlled substance prescription without an active, valid controlled substance license issued by the Board of Pharmacy is a violation of NRS 453.226.

The Board of Pharmacy is referring these matters for review and disciplinary action, if any, as the Board of Optometry deems appropriate. If you have questions regarding this notice or the information contained herein, please contact Compliance Coordinator David Jones at the PMP at 775-687-5694.

Sincerely,

Nevada Board of Pharmacy  
Prescription Monitoring Program



## Admin

---

**From:** Caren Jenkins  
**Sent:** Tuesday, November 14, 2017 10:38 AM  
**To:**  
**Cc:** Admin  
**Subject:** RE:

Thank you Dr. I spoke with David Jones at the Pharmacy Board, and he confirmed that the pharmacy erroneously listed you as the prescribing doctor. Your case will be recommended for dismissal at the Board's December 5, 2017 meeting.

Thank you for your interest in preserving the integrity of the optometric profession.

Caren C. Jenkins, Esq.  
Executive Director

Nevada State Board of Optometry  
P.O. Box 1824  
Carson City NV 89702  
775-883-8367 - office  
775-305-0105 - fax  
[www.nvoptometry.org](http://www.nvoptometry.org)

---

**From:**  
**Sent:** Tuesday, November 14, 2017 10:11:51 AM  
**To:** Caren Jenkins  
**Subject:**

Dear Caren,

Per our conversation I am following up with you regarding Complaint 18-08. After speaking with David Jones at PMP and also the pharmacy it appears that there was a clerical error on the part of the pharmacy. Mr. Jones assured me he would follow up on the case and fix the error.

Thank you for your help and consideration.

Sincerely,

# Nevada Board of Optometry

Complaint 18-09



NEVADA STATE BOARD OF PHARMACY

## NEVADA PRESCRIPTION MONITORING PROGRAM

431 W. PLUMB LANE • RENO • NEVADA • 89509-3766  
(775) 687-5694 (PH) • (775) 687-5161 (T) • PMP@PHARMACY.NV.GOV

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November 7, 2017

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

Dear Nevada State Board of Optometry,

Pursuant to NRS 453.164, the Nevada Board of Pharmacy, by means of utilization of the Nevada Prescription Monitoring Program (PMP), is required to:

*"Report any activity if reasonably suspected may indicate fraudulent, illegal, unauthorized or otherwise inappropriate activity related to the prescribing, dispensing or use of a controlled substance to the appropriate law enforcement agency or occupational licensing board and provide the law enforcement agency or occupational licensing board with the relevant information obtained from the program for further investigation."*

This letter serves as notification that a review of data in the Prescription Monitoring Program (PMP) has identified the below listed individual(s) and activities as reportable under the above cited statute. The associated information is being provided to you for further investigation.

### **No PMP Account and Questionable Prescribing - Dr.**

On November 2, 2017, PMP Compliance Coordinator David Jones was conducting a routine review of PMP accounts for prescribing practitioners. The review disclosed that Dr.

(DEA) does not have a PMP account.

Review of Dr. prescribing history for the period of October 31, 2016, through October 30, 2017, revealed one prescription for patient (6-19-63) for 30 tablets of Hydrocodone-Acetaminophen for a 30 day supply.

Review of the Optometry Board's on-line records shows that Dr. license number is valid through February 28, 2018. Board of Pharmacy records show controlled substance license number is valid through October 31, 2018.

### Potential Violations

Writing a controlled substance prescription without establishing, and utilizing the PMP to review the patient's records is a violation of NRS 639.23507.

By default, failure to establish a PMP account would also imply that Dr. [redacted] has not complied with NRS 453.164(6) which states:

*"Each practitioner who is authorized to write prescriptions for controlled substances listed in schedule II, III or IV shall, to the extent the program allows, access the database of the program established pursuant to NRS 453.162 at least once each 6 months to:*

*(a) Review the information concerning the practitioner that is listed in the database and notify the Board if any such information is not correct; and*

*(b) Verify to the Board that he or she continues to have access to and has accessed the database as required by this subsection."*

Based upon the PMP prescription records described above, Dr. [redacted] has written a controlled substance prescription for use by a patient for more than 72 hours. As a result, Dr. [redacted] may be in violation of NRS 636.2882 and/or NRS 636.295.

The Board of Pharmacy is referring these matters for review and disciplinary action, if any, as the Board of Optometry deems appropriate. If you have questions regarding this notice or the information contained herein, please contact Compliance Coordinator David Jones at the PMP at 775-687-5694.

Sincerely,

Nevada Board of Pharmacy  
Prescription Monitoring Program

# Nevada Board of Optometry

## Complaint 18-10



Nevada  
**PRESCRIPTION  
MONITORING  
PROGRAM**

NEVADA STATE BOARD OF PHARMACY

## NEVADA PRESCRIPTION MONITORING PROGRAM

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(775) 687-5694 (T) • (775) 687-5161 (F) • PMP@PHARMACY.NV.GOV

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November 7, 2017

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

Dear Nevada State Board of Optometry,

Pursuant to NRS 453.164, the Nevada Board of Pharmacy, by means of utilization of the Nevada Prescription Monitoring Program (PMP), is required to

*"Report any activity it reasonably suspects may indicate fraudulent, illegal, unauthorized or otherwise inappropriate activity related to the prescribing, dispensing or use of a controlled substance to the appropriate law enforcement agency or occupational licensing board and provide the law enforcement agency or occupational licensing board with the relevant information obtained from the program for further investigation."*

This letter serves as notification that a review of data in the Prescription Monitoring Program (PMP) has identified the below listed individual(s) and activities as reportable under the above cited statute. The associated information is being provided to you for further investigation.

### **No PMP Account and Questionable Prescribing - Dr.**

On November 2, 2017, PMP Compliance Coordinator David Jones was conducting a routine review of PMP accounts for prescribing practitioners. The review disclosed that Dr. \_\_\_\_\_; (DEA: \_\_\_\_\_) does not have a PMP account.

A review of Dr. \_\_\_\_\_ prescribing history for the period of October 31, 2016, through October 30, 2017, revealed one prescription for patient \_\_\_\_\_ (10-24-68). The prescription was written and filled on January 12, 2017, for 60 tablets of Hydrocodone-Acetaminophen for a 15 day supply.

A review of the Optometry Board's on-line records shows Dr. \_\_\_\_\_ license number \_\_\_\_\_ valid through February 28, 2018. A review of Board of Pharmacy records shows Dr. \_\_\_\_\_ controlled substance license number \_\_\_\_\_ is valid through October 31, 2018.



### Potential Violations

Writing a controlled substance prescription without establishing, and utilizing the PMP to review the patient's records is a violation of NRS 639.23507.

By default, failure to establish a PMP account would also imply that Dr. \_\_\_\_\_ has not complied with NRS 453.164(6) which states:

*"Each practitioner who is authorized to write prescriptions for controlled substances listed in schedule II, III or IV shall, to the extent the program allows, access the database of the program established pursuant to NRS 453.162 at least once each 6 months to:*

*(a) Review the information concerning the practitioner that is listed in the database and notify the Board if any such information is not correct; and*

*(b) Verify to the Board that he or she continues to have access to and has accessed the database as required by this subsection."*

Based upon the PMP prescription records described above, Dr. \_\_\_\_\_ has written a controlled substance prescription for use by a patient for more than 72 hours. As a result, Dr. \_\_\_\_\_ may be in violation of NRS 636.2882 and/or NRS 636.295.

The Board of Pharmacy is referring these matters for review and disciplinary action, if any, as the Board of Optometry deems appropriate. If you have questions regarding this notice or the information contained herein, please contact Compliance Coordinator David Jones at the PMP at 775-687-5694.

Sincerely,

Nevada Board of Pharmacy  
Prescription Monitoring Program

Nevada State Board of Optometry  
P.O. Box 1824  
Carson City, NV 89702  
[cjenkins@nvoptometry.org](mailto:cjenkins@nvoptometry.org)

**Sent Via Email and Standard Mail**

November 20, 2017

Dear Board Members,

Please find enclosed herewith my written response to Complaint 18-10.

Upon receiving the complaint I performed a query of our electronic medical records (RevolutionEHR) for the patient as listed in the complaint- (10-24-68) with no results. I also performed a global query in RxNT our electronic prescribing program and also found no results. I have enclosed here with screenshots of said queries. I can confidently state that I have never treated nor had . as a patient nor prescribed any medications including the January 12, 2017 prescription for 60 tablets of Hydrocodone-Acetaminophen as suggested by PMP.

I do not have and have never ordered a printed prescription pad. All of the prescriptions I write are transmitted electronically via RxNT which keeps a record of patients and the history of their prescriptions.

I have never written a prescription for any controlled substance including within the scope of optometry as outlined in NRS 636.2882.

As I do not write prescriptions for controlled substances it is my understanding that I did not need a PMP account. In light of the PMP findings however, I will be creating an account to review what prescriptions have been attributed to me as well as working with the Board of Pharmacy and PMP to investigate the apparent fraudulent use of my DEA number.

In light of having never treated the patient in question and never having written a prescription for the controlled substance I ask the Board to dismiss the complaint.

Sincerely,

Screenshot of Revolution EHR query for

(10/24/1968)

The screenshot displays a web-based interface for a patient query. At the top, the browser address bar shows the URL: <http://evolution.com/production/ahha/ahha.htm>. The page title is "Patient Search".

The main content area shows a patient profile for a child. The patient's name is "J d". The birth date is "10/24/68". The patient is identified as "Active Patient".

Below the patient information, there are several input fields and buttons. The "SSN" field is empty. The "Location" field is set to "Asy". The "Provider" field is set to "All Providers". There is a button labeled "Active Patients Only".

At the bottom of the page, there is a navigation bar with the following items: "Home", "Patient Search", "Appointment", "Referrals", "Reports", "Help", "Logout", and "About".

