

# **Materials for Item No. 4**

STATE OF NEVADA

JOE LOMBARDO  
Governor



DR. KRISTOPHER SANCHEZ  
*Director*

PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAEERER  
*Deputy Directors*

ADAM SCHNEIDER  
*Executive Director*

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

MINUTES  
OF PUBLIC MEETING  
March 12, 2026

- 1. Call to Order and statement of purpose to protect public health and safety, and the general welfare of the people of this State.** Live meeting opened at 12:01p.m. and the following was read into the record for NRS 241.020(3)(d)(8) compliance- “Because this meeting is being held using a remote technology system pursuant to NRS 241.023 and does not have a physical location designated for the meeting where members of the general public are permitted to attend and participate, clear and complete instructions for a member of the general public to be able to call in to the meeting to provide public comment is the following- telephone number 669-900-6833, meeting ID 775 883 8367, Passcode 8367.”
- 2. Roll Call.** Executive Director Schneider present via Zoom. Board members Mariah Smith, O.D., Jeffrey Austin, O.D., Julie Alamo-Leon, O.D., Sally Balecha, and Dan Lyons, O.D. present via Zoom. Quorum established.
- 3. Public Comment.** Public comment was invited with a reminder that no action will be taken at this meeting on any issues presented as public comment and the maximum time is three minutes. No public comment received.
- 4. Action Item. Consideration and approval of January 22, 2026 Regular Board Meeting Minutes.** Director Schneider noted a typo at the bottom of the draft of “five Board members” when it should say “four.” It was confirmed all present Board members had an opportunity to review the draft. Dr. Smith moved to accept the proposed Minutes as-is with Director Schneider’s correction. Dr. Alamo-Leon seconded. Motion passed unanimously.
- 5. Action Item. Complaint 26-15** Director Schneider stated this Complaint is being presented in a double-blind manner, i.e., the Board is not being told who the complainant is or who the subject licensee is, and the materials associated with this agenda item are redacted to eliminate any identification of party identities.

Patient alleges mis-scheduling and thus a potential lack of employee supervision. Patient has the emails from Practice Location 1 telling him to show up on 12/31 and yet when he arrived he was not on the schedule. Licensee 1 through counsel has provided a detailed response plus internal screen shots of Practice Location 1’s EMR showing they tried to get ahold of the Patient to cancel but no response and that License 1 individually was not aware.

The question for the Board is does the Licensee's conduct rise to the level of unprofessional conduct? And if not, Board needs to provide a reason why so as to advise the complainant.

Public Member Balecha stated that the licensee should not be liable where three voicemails, two text messages and re-scheduling options including a wait-list were provided to the patient which the patient declined, and thus no merit to this complaint. Dr. Smith agreed, but noted the concerns of Director Schneider as to the gray area of employee supervision where the scheduling is performed by persons not under the supervision of the licensee but that Licensee 1 should not be penalized for this specifically, and that Practice Location 1 should be tracked for any similar complaints upon it. Director Schneider stated no memory of Practice Location 1 having any similar complaints upon it, but that it may be worthwhile for the disposition letter to advise that similar complaints will be taken into account in the future. Dr. Lyons agreed. Dr. Austin agreed, noting this has nothing to do with healthcare and was a scheduling issue where the patient was advised that lack of confirmation would result in a cancellation.

Dr. Smith moved to close the inquiry with no further action and without penalty but noting to keep tabs of any similar complaints upon this practice location in the future. Public Member Balecha seconded. Motion passed unanimously.

**6. Action Item. License by Endorsement qualifying NBEO scores.** Director Schneider prefaced that the Board and membership know that the NBEO has three parts inclusive of the TMOD (Treatment and Management of Ocular Disease). The Board was directed to the meeting materials of a Florida optometrist inquiring into the Board's License by Endorsement (LBE) process if he passed all parts of the NBEO at the time he took it in 1980s but he has never passed TMOD or Part III which is the Patient Encounters and Performance Skills part of the NBEO. The LBE law quoted in the materials says "each." There is no grandfathering language. There is no express language that an applicant qualifies for LBE if the applicant passed all parts at the time they took the exam pre-TMOD or pre-Part III. Each optometry member of the Board may have taken the NBEO at different times across the decades where the NBEO's parts and subparts were numbered differently.

The Florida optometrist also has certification of ocular disease through the State of Florida, but not NBEO's TMOD.

The question for the Board is whether he is eligible for LBE, and if so, is he eligible for OPAC if he has never passed the TMOD?

Dr. Smith stated what would be appropriate is eligibility for LBE but not for OPAC, and that she has no understanding of what the State of Florida standards are. Dr. Austin agreed, and discussed the NBEO used to be Part 1 and Part 2A and Part 2B. Colloquy on whether to contact State of Florida and/or NBEO on how their respective tests compare. Director Schneider and Dr. Austin agreed that NBEO allows for taking only the TMOD. Dr. Alamo-Leon advised for the sake of uniformity and to avoid allegations of cherry picking that the Board advise that OPAC eligibility can only occur if the applicant passes NBEO's TMOD. Dr. Austin agreed. Dr. Lyons stated he took and passed the Florida examination, noting it was 2 days and quite extensive. Colloquy on Kentucky's proposed regulations in 2025 and now in 2026 for alternative kinds of tests in the event the applicant cannot pass the NBEO.

Dr. Smith moved for Director Schneider to write the Florida optometrist a letter summarizing the Board's discussion for LBE eligibility but no OPAC eligibility until proof of passing the TMOD provided by NBEO. Dr. Austin seconded. Motion passed unanimously.

**7. Action Item. Scope of Practice- Valeda.** The Board received an inquiry whether Valeda would be approved for usage, which is an FDA-approved light device for dry ARMD. The Board has discussed various devices over the years involving light, and would appear to be in the same category as the IPL in so far as it is a modality that does not violate the law of NRS 636.025 where any human tissue is cut, burned or vaporized.

Dr. Smith stated based upon the materials reviewed that it does not violate the law. Drs. Alamo-Leon, Austin, and Lyons agreed. Drs. Austin and Lyons questioned the efficacy of the modality according to the studies, that there is a difference between effectiveness versus doing no harm. But as to the central question posed to the Board, the modality does not violate the law and is within the scope of practice.

Dr. Smith moved for Director Schneider to advise the inquiring party in a letter summarizing the Board's discussion as not violative of the law and within the Nevada optometrist's scope of practice so long as the licensee has the proper training to administer upon patients. Dr. Austin seconded. Motion passed unanimously.

**8. Action Item. Commentary or suggestions for R074-25RP3** Director Schneider noted this the latest proposed regulation of Boards and Commissions seeks more oversight and reporting requirements of the other Boards. This primarily affects executive directors' administrative duties rather than the Board itself, but if the Board has comments those can be sent along for this regulation's workshop.

Dr. Smith commented: 1) this does affect the Board in terms of the potential need for additional staff; 2) section 15 regards tracking of bills but would be a difficult task and if one bill is missed then the Board could be seen as non-compliant for any bill that might affect the Board; 3) section 12 regards the Board members having to attend Attorney General training/presentation on auditing and that the Board is required to pay the Attorney General for it; 4) section 18 regards quarterly reports on licensing which there is value to that, but the section also requires a report every two years to the Legislature despite the Board already reporting its licensing data quarterly; 5) section 19 regards budgets and audits being publicly available, and yet those are already on the Board's website every June and that B&C can obtain those just like any member of the public can; 6) the regulations appear to make more work for the boards.

Director Schneider commented that Dr. Smith's comments were consistent with other executive directors who have similarly situated boards with limited staff and resources.

Dr. Austin commented the oversight board's purpose is to make it less cumbersome and more efficient for the licensees, and instead makes it more expensive which those costs will have to be passed onto the licensees and is the opposite of B&C's purpose. Dr. Smith referenced a governor's report from approximately ten years ago comparing boards and salaries, but these regulations appear to create more work with already limited resources. Dr. Austin agreed.

Dr. Smith moved for Director Schneider to submit the Board's comments to B&C for its workshop consistent with the Board's discussions. Dr. Alamo-Leon seconded. Motion passed unanimously.

**9. Action Item. Authorization for seeking administrative fines re Fictitious Name location closures, dissolutions and violations, Location Change violations, Additional Practice Location/Fill-In Request violations.** Director Schneider commented that an appreciable minority of licensees provide incomplete, outdated, or misinformation after swearing under oath that their application is true and correct. Substantial amount of time is then spent matching up what the licensee states to the Board under oath as true versus what is reality, and then allowing the licensee to explain the basis of that false or incomplete answer. Licensees often wonder why does it take a week or so to get their license renewed, and the answer is due to the lack of wholly truthful information.

There were multiple belated Fictitious Name (FNs) registrations, belated Location Changes (LCs), belated Additional Practice Locations (APLs), and one licensee who never filed a single Fill-In who initially stated she only had a few in 2025 and then when advised a subpoena would be issued for the days surrounding those shifts she then supplied 30+ belated Fill-Ins post hoc.

The process is the licensees are told what laws they appear to have violated and if true, to get them out of arrears they need to submit the transaction post hoc as if they had done so timely many months prior. All licensees timely do so.

The question for the Board is what does the Board want to do about it, if anything, now the licensees' false or incomplete answers have been "caught."

Fictitious Name registrations are \$50. Location Changes are \$25. Additional Practice Locations are \$200. The question for the Board is does it want to issue administrative fines for the same amount? Twice that? Nothing at all? Make every location-based or fictitious name-based violation across the board a \$200 fine? A warning or admonishment letter, and then if they do it again, then a fine gets issued?

Colloquy of the need for administrative fines, without which there is no incentive for licensees to follow the law. Public Balecha noted for the Realtors Board those fines are \$100, \$500, \$1000. Dr. Alamo-Leon stated the licensees are professionals and need to be held responsible for abiding by the Board's regulations. She discussed the fines should be the same, regardless of the kind of violation and proposed a tiered system of increasing amounts, of first then second then third, each due within 30 days of notification. Colloquy on a fine per offense, and the amounts of the tiered fines, resulting in \$200 first tier, \$500 second tier, \$1000 third tier (post hoc identified as consistent with the maximum allowed under NRS 636.420). Upon the third offense the licensee would be ordered to appear before the Board for potential disciplinary action. Director Schneider noted in 2024 the Board expanded the deadline of 90 days for Fictitious Name registrations. Dr. Lyons noted these issues are addressed in the Newsletters and the licensees need to be held responsible for reading it. Dr. Alamo-Lyon noted that the Board of Medical Examiners' fines were \$1,000 for the first offense and \$2,500 for the second offense, so this Board's tiers are more than acceptable comparatively.

Dr. Smith moved for Director Schneider to initiate administrative fees upon the violating licensees accordingly to the prior discussion. Dr. Alamo-Leon seconded. Motion passed unanimously.

Director Schneider then discussed specific to Fictitious Names- does the licensee have to report when their business closes and thus they have a change in ownership to 0%? What about when their location closes which uses the Fictitious Name but they still keep the name active with the Secretary of State? And even if the Board does not make them submit a formal Fictitious Name registration and pay the \$50 to say they have 0% ownership, should the licensees still be made to tell the Board via email? And does that failure warrant a warning or admonishment letter only? Or \$200 fine?

Dr. Smith understood why the Board needs that information but also why licensees might forget to tell the Board that information. Director Schneider noted that untimely fictitious name registrations can occur due to a contentious business partner divorce or a marital divorce, and proposed an option of an admonishment letter noting that change of ownership to 0% requirements notification under NAC 636.215 and future violations will result in administrative penalties. Dr. Austin expressed a concern about a licensee who still holds a license but sold the practice because if the licensee is retired then that kind of requirement could be overly cruel. Director Schneider noted that the untimely fictitious name registrations or changes in ownership that he was encountering were not due to retirement, and suggested in those instances that the remaining owner be the one to file the notification with the Board and not the newly non-owner. Dr. Alamo-Leon suggested an inquiry letter to have the licensee describe the circumstance but to correct it right away. Dr. Smith inquired into Director Schneider on his thoughts if a fine should be issued. Director Schneider replied it was not his place to say, and noted the fictitious name law appears to be designed for still-active businesses as opposed to when a business closes down and thus the ownership becomes 0% and thus making the licensee pay \$50 to advise the Board of that closure could seem punitive.

Dr. Smith moved for Director Schneider to issue letters to the relevant licensees noting a violation of the law, that no administrative fine will be issued, but any additional violation would be deemed a second tier offense. Dr. Lyons seconded. Motion passed unanimously.

**10. Executive Director report re ARBO Update Q1 2026.** Director Schneider summarized the ARBO Update including the ARBO national convention in Phoenix in June 2026, various regulatory Zoom meetings that he attends including one on April 7 regarding surrender of a license, and Continuing Education courses that he attends as well.

**11. Executive Director report re R056-25 legislative committee approval.** Director Schneider advised he attended the legislative committee hearing to provide supportive testimony on February 26, and announced that R056-25 is now law and on the website and that a Newsletter will be circulated. Director Schneider reminded the membership that R056-25 regards the process for the Board to temporarily suspend a license, factors in sentences for a disciplinary hearing, and expanding the glaucoma endorsement to include approval from any OMD and not just a Nevada-licensed OMD and that the document does not have to be an affidavit but can be a sworn declaration not requiring a notary.

**12. Executive Director report re ARBO Scholarship award.** For the upcoming June convention from June 12-June 14, 2026, normally the Board submits a letter of recommendation for a scholarship. But because Director Schneider will be on one of the attorney panels at the conference, ARBO will pay and no need for the scholarship application. This will last from Friday June 12 through Sunday June 14, 2026.

**13. Executive Director report re license renewal summary.** Director Schneider commented that he has gone through all the renewals and CE Summary Forms, and while licensees could apply late before the May 31, 2026 license revocation deadline, the following are the numbers as of March 12, 2026:

Renewed active- 501  
Renewed inactive- 39  
Non-renewals thus far- 80

**14. For Board Discussion and Possible Action.** Proposed items for future Board meetings. None received.

**15. Public Comment.** Public comment was invited with a reminder that no action will be taken at this meeting on any issues presented as public comment and the maximum time is three minutes. Dr. Steven Girisgen commented as to Item no. 5 Complaint 26-15 that the Board should consider: 1) the attending OD claimed to have no responsibilities of the practices, management, and scheduling activities, and reminded the Board about R066-19 that an OD must have organizational and financial independence from a non-licensee entity; 2) the OD stated he or she is not the custodian of records but which is contrary to the law that an OD must be the custodian; 3) the licensee's response stated that the practice location staff manages the scheduling and in-office complaints and that the practice leadership provides direction, but is the practice leadership OD-owed because if not then the OD and the practice management staff must be separate and must operate at the direction of the OD; 4) there appears to be ambiguity as to the ownership structure of the practice other than what was offered that it is a professional entity which owns and operates the optometric practice; 5) he would ask the Board to ask more questions about the structure and its staff and systems to protect the public, and in this case it is unclear who is the responsible OD when there is an unclear and obfuscated ownership structure in place. No other comments received.

**16. Action Item. Adjournment.** President Smith moved to adjourn. Dr. Alamo seconded. Motion passed unanimously. Adjournment occurred at 1:17p.m.

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

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**FY 2025-2026 Regular meeting schedule**

Thursday 3/12/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom  
Thursday 4/23/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom  
Thursday 5/28/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom  
Thursday 6/25/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

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These minutes were considered and approved by majority vote of the Nevada State Board of Optometry at its meeting on April 23, 2026.

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Adam Schneider, Executive Director

# **Materials for Item No. 5**

STATE OF NEVADA

JOE LOMBARDO  
Governor



DR. KRISTOPHER SANCHEZ  
*Director*

PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAEERER  
*Deputy Directors*

ADAM SCHNEIDER  
*Executive Director*

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

[License 1], O.D.  
[License 1 email address]  
*via email only*

Re: NSBO Complaint# 26-16  
Patient: [Patient]

Dear Licensee:

This office received a complaint alleging your supervision of an employee interacting with the above-referenced patient may have been unprofessional as defined in Nevada Revised Statute (NRS) 636.295 and Nevada Administrative Code (NAC) 636.230.

As to an alleged incident occurring at [Location 1] on March 5, 2026:

I called this particular provider on March 5, 2026 to request an appointment for treatment of a bilateral eye infection. They refused to treat me and told me to contact another provider. In the past, this particular provider had treated me for the same condition. I was somewhat taken a back. I asked why they refused to provide treatment and they hung up the phone on me.

I did call back immediately, asking why they hung up and refused to provide treatment. They hung up on me again subsequent to my phone call.

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

Your reply to [director@nvoptometry.org](mailto:director@nvoptometry.org) is due on or by the close of business **April 15, 2026**. If presented to the Board, this matter will be presented in a double-blind manner, i.e., the identity of yourself, your practice, and the patient will not be disclosed so as to allow an objective review of the allegations and response. **Therefore in your response refer to yourself as "Licensee 1," your practice as "Location 1" and the patient as "patient" or "complainant," and do NOT place your response on your personal or office letterhead.**

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

Please be advised that if any particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the law, specifically including but not limited to NRS 636.295(8) (unprofessional conduct in the practice of optometry), NRS 636.364 (supervision of assistants).

Respectfully,

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

March 31, 2026

To the Nevada State Board of Optometry:

This letter is the written response of Licensee 1 regarding Complaint #26-16 and the allegations of unprofessional conduct (NRS 636.295 and NAC 636.230) made by the complainant concerning events at Location 1 on March 5, 2026.

Allegation of Refusal to Treat:

On March 5, 2026, Licensee 1 was not present at Location 1 and was entirely unaware of the complainant's calls until receiving this Board notice on March 30, 2026. An immediate internal investigation confirmed that an employee spoke with the complainant on March 5. Because Licensee 1 was not in the office, the employee followed standard triage protocol for unavailable providers and advised the complainant to seek care from another provider for their urgent need. This was not a refusal of care, but rather responsible triage during the provider's absence.

Furthermore, prior to March 5, Licensee 1 had actively treated the complainant for this recurrent eye infection. Because the infection responded poorly to medications, Licensee 1 became concerned about drug resistance and had previously recommended the complainant be evaluated by their established ophthalmologist for specialized care. Licensee 1 explicitly offered to see the complainant again if they could not secure a specialist appointment.

Allegation of Hanging Up:

The employee interviewed firmly denies intentionally hanging up on the complainant during the initial call or the immediate callback. While it is possible that abrupt disconnections occurred due to a technological malfunction with the phone system, Licensee 1 does not condone unprofessional behavior.

Upon receiving this complaint on March 30, Licensee 1 immediately held a staff-wide meeting to reinforce existing training and protocols regarding professional, respectful, and compassionate patient communication.

At no point was this complainant abandoned or denied care; they were appropriately referred to a specialist for an ongoing condition, and staff provided appropriate triage advice while the provider was out of the office.

Thank you for the opportunity to respond to these allegations.

Sincerely,

Licensee 1

## Communication Transcript

**Dates of Communication:** February 5, 2026 – February 10, 2026 **Parties Involved:** [Patient] and [Provider's Office]

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**Thursday, February 5, 2026**

**8:57 AM | [Patient]**

Hi. I still have my eye infection in both eyes. I followed directions exactly as prescribed. What's next? Thanks. [REDACTED]

**10:39 AM | [Provider's Office]**

I reached out via phone to [REDACTED], as he is not in office, he is suggesting that next step would be Ophthalmology. Since we have had troubles with medications in the past, he would feel more comfortable with that direction to ensure you get the infection taken care of. Do you need a referral for this?

**11:22 AM | [Patient]**

No thanks

**11:23 AM | [Provider's Office]**

Okay thank you for reaching out. Have a great weekend.

**12:34 PM | [Patient]**

I think it is kind of a let down to pass the buck. [REDACTED] could look at my eyes a little closer.

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**Tuesday, February 10, 2026**

**2:15 PM | [Patient]**

Hi. If you can please send in a prescription just like you did last week but with 2 bottles ( 1 for each eye) and that should take care of my eye infection. I think it was kind of stinky that [REDACTED] didn't want to see me. My ophthalmologist would not see me. He said it was not necessary and that I should've seen [REDACTED] anyway, if you could please call that prescription and I would appreciate it that

should take care of the eye infection that I have thank you  
[REDACTED]

**2:46 PM | [Provider's Office]**

Hi [REDACTED], this is [REDACTED]. This seems to be an ongoing or recurring infection that does not respond well to medication and I'm concerned about drug resistance. It is exactly the type of condition that warrants a referral to ophthalmology. I'm also not a provider on your medical insurance,

**2:46 PM | [Provider's Office]**

which is another good reason for you to be seen by your ophthalmologist. I'm not opposed to seeing you again, but I am not confident that we will find a resolution outside of sending you to ophthalmology.

**2:47 PM | [Provider's Office]**

Since the infection does not seem to respond well to medication, it may need to be cultured, and again that would be best managed by ophthalmology. I'm not going to prescribe any more medication until you've been seen again,

**2:47 PM | [Provider's Office]**

but I strongly recommend that your case be managed by ophthalmology. If they won't see you, then we can schedule another visit. If medication fails again, then our next step is to find an ophthalmologist who will take on the case. Sorry you are going through this. Hopefully it will be resolved soon.

**2:54 PM | [Patient]**

Thanks, but I'm just telling you what the ophthalmologist told me because they won't see me. I'm not trying to sound like a superior person or something like that but I appreciate your input. You are on my insurance, that's how I found you in the first place. You're on my list of providers, but I don't want to argue the point if you don't want to see me I can change providers. Let me know what you decide.  
Thanks. [REDACTED]

**4:08 PM | [Patient]**

Hi. I do need to be seen again if you will allow me to schedule an appointment with you. If not please let me know and I'll find another provider. Thanks very much.  
[REDACTED]

**5:06 PM | [Provider's Office]**

Hi [REDACTED], You have VSP so I am on your vision plan. It's the medical insurance that I don't think I'm credentialed with, and that's what we would need to bill in this case. I'm happy to see you if that is what you choose, but if I'm not on your insurance, then you would pay out of pocket.

**5:07 PM | [Patient]**

That's fine...

**5:52 PM | [Provider's Office]**

Hey [REDACTED] its [REDACTED] again. I have tomorrow at 8:30AM, 9AM, and 3:30PM

# **Materials for Item No. 6**

STATE OF NEVADA

JOE LOMBARDO  
Governor



DR. KRISTOPHER SANCHEZ  
*Director*

PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAEERER  
*Deputy Directors*

ADAM SCHNEIDER  
*Executive Director*

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

[Licensee 1], O.D.  
[Licensee 1 email address]  
*via email only*

Re: NSBO Complaint# 26-17  
Patient: [Patient]

Dear Licensee:

This office received a complaint alleging that your care and treatment of the above-referenced patient may have been unprofessional as defined in Nevada Revised Statute (NRS) 636.295 and Nevada Administrative Code (NAC) 636.230.

It is alleged on January 13, 2026 at [Location 1]:

Patient asked for Acuvue bi-weekly lenses and received only samples of Precision 7 lenses. Patient later received samples of Acuvue lenses. Neither lens helped. Moreover there was great variance between my prior prescription and the new one which was not adequately explained by you. There was also an excessive focus on reading your desktop computer where the patient read across many electronic devices (laptops, tablets, cell phones) as well as standard print.

Patient has worn contacts for more than 20 years and never had to try multiple samples prior to receiving a prescription. You focused on wrong or irrelevant things (e.g. your desktop computer). There are many different types of computers with many different features, not to mention TV's, cell phones, tablets, etc. Patient lost faith in your decision making. Consequently, the patient dropped her bid to get contacts, and purchased new glasses after a 2nd eye exam.

You issued a spectacle prescription:

	<u>Sphere</u>	<u>Cylinder</u>	<u>Axis</u>	<u>Add</u>
RT:	+2.50	-0.50	105	+2.50
LT:	+1.00	-0.50	102	+2.50

You failed to provide a contact lens prescription following exam. Contact lens exam cost \$75. You responded by offering more samples, this time for multifocal lenses.

The patient presented to a second optometrist who on March 12, 2026 issued a spectacle prescription different from yours:

	<u>Sphere</u>	<u>Cylinder</u>	<u>Axis</u>	<u>Add</u>
RT:	+2.25	-0.75	110	+2.50
LT:	+1.25	-1.00	99	+2.50

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Your reply to [director@nvoptometry.org](mailto:director@nvoptometry.org) is due on or by the close of business **April 15, 2026**. If presented to the Board, this matter will be presented in a double-blind manner, i.e., the identity of yourself, your practice, and the patient will not be disclosed so as to allow an objective review of the allegations and response. **Therefore in your response refer to yourself as “Licensee 1,” your practice as “Location 1,” the patient as “patient,” the second optometrist as “Licensee 2” and do NOT place your response on your personal or office letterhead.**

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

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

Respectfully,

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

## **Licensee #1 Response to NSBO Complaint #26-17**

The patient was seen at Location 1 for a comprehensive eye examination and contact lens evaluation on January 13th, 2026, as a new patient. The patient reported to be currently wearing monovision contact lenses in the Acuvue Oasys 2-week brand, with her right eye emphasized for distance, and left eye emphasized for near. I, Licensee 1, notified the patient that we do not keep an Oasys 2-week trial set in our office, however, we recently received a fitting set for Precision 7 lenses, and I'd be happy to have her trial these in-office if interested, as this may provide better comfort and safety in a slightly more frequent replacement lens. I did not decline to offer Oasys, and I was very clear with the patient that I can also order trials in the Oasys 2-week if she prefers to have the fitting performed in those, and have them in the office within a few days. The patient agreed to trial the Precision 7 lenses in-office that day, and determine if she prefers those, or if she would ultimately like to return to her habitual brand.

After a careful manifest refraction (shown in the attached chart notes), I did explain to the patient that our results confirmed a mild increase in her right eye Rx, while the left eye results indicated a moderate reduction in her farsighted Rx, compared with our lensometry readings in her habitual spectacles. The distance spherical equivalent OU for contact lens fitting purposes in each eye was found to be as follows:

R: +2.25

L: +0.75

During the course of the examination, the patient reported that her habitual contact lens Rx seemed to be clear for reading targets at near (approx. 40cm) and closer, however she struggled to see clearly at more intermediate distance targets, such as a desktop computer. Her habitual CL Rx in the left (near) eye was indicated as +4.00. Based on the current refractive state of her left eye, this equated to an Add power of +3.25, confirming that her habitual monovision Rx was likely 'too strong' for her typical near and intermediate visual needs. Both the in-office data as well as her subjective complaints clearly indicated the need for a reduction in reading power for her left (near) contact lens. My initial trial fit was an OD lens of +2.00 (the fitting set does not include +2.25, and overrefraction later confirmed this as the best power for her distance vision) and an OS lens of +3.00, equating to an Add power of +2.25. My goal was to improve vision for her intermediate distance targets, while still maintaining adequate clarity for her various near targets. In my professional opinion, I was not focusing on "wrong" or "irrelevant" things, I was instead working to solve her clearly stated concerns regarding her habitual CL Rx. I was clear in explaining this goal to the patient during the fitting process, and once she inserted the trials, I even had her come over to my desktop

computer to assess the clarity at her typical working distance, which she confirmed was an improvement over her habitual CL Rx. Her near visual acuity was found to be 20/40 initially, however with other targets such as her cell phone, the patient indicated the current Rx was worth trialing out in the 'real world.' The patient and I, Licensee 1, both agreed to proceed with dispensing trial #1 to assess for continued comfort and visual clarity during her everyday visual needs out in the 'real world.' I notified the patient to please call our office after a few days of trialing the lenses, and report her level of satisfaction with both the comfort and vision of the Precision 7 lenses, knowing a new brand and new Rx may take some time to adapt to.

The patient called Location 1 on 2/4/26 and spoke to a staff member regarding her trial experience, and staff subsequently communicated to me the patient wished to order new trials in her habitual brand, Acuvue Oasys 2-week, in the same Rx as trial #1. Based on this request and the information provided by my staff, my assumption was that the vision in trial #1 was working well, but the patient preferred the comfort of her habitual brand and wanted to trial the new Rx in that brand. Given the patient had safely worn this brand in the past in a monovision Rx, I immediately ordered trial #2 and authorized the patient to pick up these trials at her own convenience and trial, again requesting she call back with feedback on her experience, so that we could schedule a follow-up appointment accordingly to assess for any possible Rx adjustments that may be needed.

On Thursday, 2/26/26, the patient called and spoke to a staff member, expressing frustration over her vision in the contact lens trials, and her disbelief that her overall spectacle prescription could have possibly changed after looking at her old written prescriptions. I called the patient on the same day to discuss the CL fitting process and answer any questions she has, as well as to schedule a CL follow-up appointment to make adjustments as necessary. The patient's disposition was agitated over the phone, as she continued to state she doesn't believe her left eye distance vision could have "improved" compared with her previous prescriptions, and doesn't trust that we got her Rx correct (It is worth noting, the patient had not yet acquired new glasses in the new prescription, she only assumed it was incorrect based on comparisons with her previous written prescriptions). I reassured the patient that prescriptions can, in fact, change for better or worse over the course of several years, and a likely explanation was a "nearsighted shift" in her left eye Rx secondary to a developing cataract - something I had explained to her during the original exam as well. I also talked to the patient about potentially trialing Multifocal contact lenses, since monovision cannot correct for all of the various distances she was demanding. The patient agreed to consider this option, so we proceeded to order Multifocal CLs in her preferred Oasys 2-week material, and schedule the patient for a follow-up appointment. The goal for the follow-up appointment

was to work with the patient to achieve her vision goals incorporating any means necessary, including monovision, multifocals, or even re-testing the manifest refraction in phoropter if it was truly indicated.

The patient arrived at her 3/9/26 follow-up appointment very agitated, and was combative with my staff technician who was attempting to take care of her. The patient refused to put on any contact lenses, and stated she knows that none of them will work based on a collection of historical spectacle prescriptions she had with her in a folder. The patient also told my staff that I, Licensee 1, "better put on a bullet proof vest" before coming into the exam room. My staff considered calling the police at this time, however I declined to do this and entered the exam room to address the patient directly. I asked for clarification on the above comment, and the patient brushed it off as "she's just really mad." I said that in order to continue our patient care relationship, it is required that she communicate respectfully with my staff and I, as that is what we have always done with her, and will continue to do. The patient then pulled out various prescriptions from her folder, the oldest dating back to 2019, and began reading them to me, stating she had googled what some of the numbers mean. These prescriptions reiterated that her most recent left eye Rx had ultimately reduced, but also proved that her left eye Rx had shown notable variations, both higher and lower, and inconsistency over the years. I explained this proof of variance over the years, and repeated that spectacle Rx's can change over time, for better or worse, and the possible explanations why, referring to the detailed phone conversation we already had. The patient stated that everything I said in our previous phone conversation "was a bunch of bologna," especially when I "tried to tell her she was nearsighted." I again explained I was referring to a "shift towards nearsightedness" likely due to her developing cataracts, which in her case means "less farsighted," and that I never would have told her she was nearsighted outright. At this time in the conversation, I communicated to the patient that I was there to help, and my ultimate goal has always been to give her the best vision possible with her requested working distances. I told the patient that monovision unfortunately allows us to dial in 2 requested distances, and joked with the patient that we would need 3 eyes to accomplish perfect clarity at all of her requested working distances. I offered to repeat her manifest refraction to illustrate how her vision has changed over the years, and continue working to give her the best possible vision in her contact lenses. The patient refused to have any additional phoropter or contact lens testing performed, and continued to angrily refer to her previous prescriptions, at this point standing up while I was still seated. I made a final attempt to communicate that I was not there to continue arguing instead of performing tests, and that I promise we can solve her vision issues in just a matter of minutes. The patient then proceeded to walk out of my exam room and subsequently out of the office without speaking further.

Also of note, I want to point out that the patient's new spectacle Rx that she received from a 2nd Optometrist on 3/12/26 confirms the same spherical equivalent in the left eye as the manifest refraction we had found together, though I would have certainly fit her in a toric lens OS if we had found a similar amount of astigmatism.

The patient is correct in that a Final contact lens prescription was never issued by me, but this was due to the fact that the patient declined to continue the fitting process, not allowing a final Rx to be determined. The patient claims that she has never needed more than 1 set of trials prior to finalizing her CL Rx at any of her exams over the past 20 years, however, I do not think this is a realistic expectation for multifocal contact lens fittings. I also attempted to explain this to the patient multiple times in our conversations - that contact lens fittings, especially for multifocal or monovision prescriptions, can often take multiple trials if the doctor and patient are committed to the best possible outcome.

Ultimately, I firmly stand by all of my decision making regarding this patient, and am confident my conduct was consistently professional and adhered to the highest standards of care in the profession of Optometry.

Sincerely,  
Licensee 1

## EXAMINATION RECORD

[REDACTED]  
[REDACTED]  
[REDACTED] NV  
[REDACTED] FAX: [REDACTED]

**For:** [REDACTED]  
**Exam Date:** 01/13/2026  
**Print Date:** 04/01/2026 12:56 PM  
**DOB:** [REDACTED] **Age:** 70  
**Gender:** Female **Race:** Unknown  
**Chart:** 7262

### REASON FOR VISIT

**EXAMINATION:** Comprehensive Examination

**EXAM TECHNICIAN/SCRIBE:** [REDACTED]

**Visit Location:** Office

### CHIEF COMPLAINT

**CHIEF COMPLAINT:** LEE: 11/24 Has prog gls; vision stable, pt uses AV Oasys for Cl's, Wears monovision in Cls w/ OS for near and OD for distance.

### HISTORY PRESENT ILLNESS (HPI)

**HISTORY OF PRESENT ILLNESS:** No complaints reported of physical ocular symptoms. Not experiencing routine headaches or double vision. No reports of visual floaters or light flashes. In addition, not experiencing blurry or uncomfortable vision.

### PATIENT HISTORY

**PATIENT HISTORY:** No systemic medications reported. No ocular medications. No history of ocular surgery. No history of trauma or ocular injuries. Ocular family history is unremarkable. Patient is currently a non-smoker. No out-of-the-ordinary social history is reported. Past medical history, unremarkable. Unless otherwise noted below.

**MEDICAL HISTORY:** No medical history reported except: Hypercholesterolemia, Thyroid Disease.

**SYSTEMIC FAMILY HISTORY:** No pertinent medical history exists.

**OCULAR FAMILY HISTORY:** Family history is reported to be unremarkable.

**SYSTEMIC MEDICATIONS:** No systemic medications are currently used except: Atorvastatin, Levoxyol, Spironolactone

**ALLERGENS:** No known non-medication allergens.

**SOCIAL HISTORY:** No reported use of alcohol.

### REVIEW OF SYSTEMS

**REVIEW OF SYSTEMS:** No reported disorders or current medical treatment of: Allergy cardiovascular Constitutional Ears,nose,mouth,throat Endocrine Gastrointestinal Genitourinary Hematologic/ Lymphatic Immunologic Integumentary / Skin Musculoskeletal Neurologic Psychiatric Respiratory Unless otherwise noted below.

### PRESENTING FINDINGS

#### **PRESENTING SPECTACLE Rx: (#1)**

RT: +2.25 -0.50 x 127 Add: +2.50 DVA: 20/30-

LT: +1.50 -0.50 x 101 Add: +2.50 DVA: 20/30-

BI: DVA: 20/30 NVA: 20/30

#### **PRESENTING CONTACT Rx: (#1)**

RT: Vistakon AV Oasys 24PK +2.25 BC: 8.40 Dia: 14.00 Clear

LT: Vistakon AV Oasys 24PK +4.00 BC: 8.40 Dia: 14.00 Clear

### VISION

#### **K-READINGS:**

RT: 41.00 @ 180 Steep 41.00 @ 090

LT: 41.50 @ 180 Steep 41.50 @ 090

**CONTACT LENS TRIAL OBSERVATIONS:** Trial #1: Centration/movement: good, BI, Trial #1: Disp trial #1, BI, Trial #2: pt called 2/4/26; would like to trial previous brand Oasys 2-week in new Rx; order for pick-up only, BI, Trial #3: pt called 2/26/26; still difficulty w/ vision in CL trials; order these trials for dispense appt to try MF options; pt likes Oasys material, BI

**AUTO REFRACTION:**

RT: +2.25 -1.00 x 107  
LT: +0.50 -0.75 x 102

**MANIFEST:**

RT: +2.50 -0.50 x 105 Add: +2.50 DVA: 20/25-  
LT: +1.00 -0.50 x 102 Add: +2.50 DVA: 20/25++  
BI: OVA: 20/20--

**FINAL SPECTACLE Rx: (Final Refraction Rx)**

RT: +2.50 -0.50 x 105 Add: +2.50 DVA: 20/25-  
LT: +1.00 -0.50 x 102 Add: +2.50 DVA: 20/25++  
BI: OVA: 20/20--  
NDTES: PALsAR

**TRIAL CONTACT LENS Rx: #1**

RT: Alcon Precision 7 - 27 Pk +2.00 BC: 8.40 Dia: 14.20 OVA: 20/25 Handling Tint  
LT: Alcon Precision 7 - 27 Pk +3.00 BC: 8.40 Dia: 14.20 Handling Tint  
BI: OVA: 20/25 NVA: 20/40

**TRIAL CONTACT LENS Rx: #2**

RT: Vistakon AV Oasys 24PK +2.00 BC: 8.40 Dia: 14.0 Clear  
LT: Vistakon AV Qasys 24PK +3.00 BC: 8.40 Dia: 14.0 Clear  
NOTES: Trial fit #2.

**TRIAL CONTACT LENS Rx: #3**

RT: Vistakon AV Oasys for Presby +2.25 BC: 8.40 Dia: 14.3 Add: High Clear  
LT: Vistakon AV Oasys for Presby +0.75 BC: 8.40 Dia: 14.3 Add: High Clear  
NOTES: Trial fit #3.

**SPHERE OVER-REFRACTION Rx: #1**

RT: Plano  
LT: Plano

**EXAMINATION**

**CUP/DISC RATIO:**

RT: Horz .25 Veit .25  
LT: Horz .30 Veit .30

**TONOMETRY:** RT: 16 mmHg LT: 18 mmHg Test: Non-Contact Time: 11:14 AM Category: Pre-Test

**VISUAL FIELDS SCREENING:** Bilateral: Digital perimetry demonstrates normal threshold values in the programs tested.

**DILATION ORDERS:** DFE performed using BIO and SLE, BI, Tropicamide 1%, BI @11:46 AM

**EXTERNAL EXAM:** Facial symmetry exists. Ocular adnexa and nodes normal. Eyelids and lashes clean, healthy and free of defects. Extraocular muscle motilities and versions full. Pupils are equal, round and fully reactive to light. Unless otherwise noted below.

**SLIT-LAMP EXAM:** Tears demonstrate normal surface qualities. Corneal epithelium, stroma and endothelium clear and healthy. Bulbar and palpebral conjunctiva are healthy and white. Chambers are deep and free of cells and flare. Iris appears healthy, normal anatomy and convexity. Lens, both capsules, cortex, and nucleus are normal for age. Unless otherwise noted below.

**LENS:** Left Eye: Spoke-like opacities exist in the lens cortex. Mild opacification exists. Primarily temporal side  
Bilateral: The lens nucleus shows clouding and sclerosis. The opacification is of a trace amount.

**POSTERIOR SEGMENT:** Vitreous body clear for age and fully attached. Nerve head well perfused, with good rim tissue. Healthy macula with no edema or degenerative pigmentation. Healthy peripheral retinal structures and vasculature. No drusen, exudate, hemorrhages or evidence of retinopathy. Unless otherwise noted below.

**DISPOSITION:** Patient is pleasant and sociable.

**ORIENTATION:** Patient is fully alert to time, place and person.

**IMPRESSIONS:**

Bilateral: Combined cataract  
Hyperopia  
Astigmatism  
Presbyopia

**PLAN**

**PRINTED SPEC Rx:** 01/13/2026 12:09 PM

**TREATMENT LENS:** Bilateral: Patient counseled about the nature of cataract vision loss. Recommend deferring surgery until functional vision is worse. Monitor condition as directed.

**SPECTACLE PLAN:** Bilateral: Rx spectacles. PALS w/ AR



## EXAMINATION RECORD

[REDACTED]  
[REDACTED]  
[REDACTED] NV [REDACTED]  
[REDACTED] FAX: [REDACTED]

**For:** [REDACTED]  
**Exam Date:** 03/09/2026  
**Print Date:** 04/01/2026 12:56 PM  
**DOB:** [REDACTED] **Age:** 70  
**Gender:** Female **Race:** Unknown  
**Chart:** 7262

### REASON FOR VISIT

**EXAMINATION:** Contact Lens Follow-Up  
**EXAM TECHNICIAN/SCRIBE:** [REDACTED]  
**Visit Location:** Office

### CHIEF COMPLAINT

**CHIEF COMPLAINT:** EST PT: pt here for dispense of AV Oasys MFs and CL f/u app, pt arrived to appt very angry; refuses to try on trial CLs that were ordered, and states she doesn't trust that her vision could have improved and is upset that the first trial CLs were not as clear for near, Attempted to explain to pt re: changes to Rx and how CL evaluation/fitting can sometimes require multiple trials, especially multifocal fittings like monovision, pt continued to be argumentative/agitated, and ultimately declined to proceed w/ CL fitting and walked out of exam room and office.

### HISTORY PRESENT ILLNESS CHPI

**HISTORY OF PRESENT ILLNESS:** No complaints reported of physical ocular symptoms. Not experiencing routine headaches or double vision. No reports of visual floaters or light flashes. In addition, not experiencing blurry or uncomfortable vision.

### PATIENT HISTORY

**OCULAR HISTORY:** No ocular history reported except: No pertinent ocular history exists.  
**MEDICAL HISTORY:** No medical history exists except: Hypercholesterolemia, Thyroid Disease.  
**SYSTEMIC FAMILY HISTORY:** No pertinent medical history exists..  
**OCULAR FAMILY HISTORY:** No ocular family history exists except: Family history is reported to be unremarkable..  
**OCULAR MEDICATIONS:** No reported Ocular Medications  
**SYSTEMIC MEDICATIONS:** No systemic medications are currently taken except: Levoxyol, Spironolactone., Atorvastatin  
**ALLERGENS:** No ocular medications are currently used except: No known non-medication allergens..  
**ALLERGY:** None

### REVIEW OF SYSTEMS

**REVIEW OF SYSTEMS:** No reported disorders or current medical treatment of: Allergy Cardiovascular Constitutional Ears,nose,mouth,throat Endocrine Gastrointestinal Genitourinary Hematologic/ Lymphatic Immunologic Integumentary / Skin Musculoskeletal Neurologic Psychiatric Respiratory Unless othe,wise noted below.

**ALLERGY:** Patient reports no allergies to medications or allergens.  
**CARDIOVASCULAR:** Current Status: No symptoms reported at this time.  
**CONSTITUTIONAL:** No symptoms reported at this time.  
**ENDOCRINE:** Current Status: No symptoms reported at this time.  
**GASTROINTESTINAL:** Current Status: No symptoms reported at this time.  
**GENITOURINARY:** Current Status: No symptoms reported at this time.  
**HEAD:** Current Status: No symptoms reported at this time.  
**HEMATOLOGIC/LYMPHATIC:** Current Status: No symptoms reported at this time.  
**IMMUNOLOGIC:** No symptoms reported at this time.  
**INTEGUMENTARY:** Current Status: No symptoms reported at this time.  
**MUSCULOSKELETAL:** Current Status: No symptoms reported at this time.  
**NEUROLOGICAL:** Current Status: No symptoms reported at this time.





03/09/2026- [REDACTED], OD, [REDACTED]: Pt arrived for CL dispense appt today agitated and verbally combative w/ staff; was brought back to exam room and asked to insert new trial CLs, however pt refused to put in CLs and stated they will not work and referred to a manilla folder of papers that she wanted to go over with the Dr; pt states she did receive a call from the Dr explaining the trials and plan with her CLs, however she said it was a bunch of balogna and didn't believe any of it; pt states the Dr told her she was nearsighted? (may have been confused w/ my explanation of myopic shift associated w/ cataracts?); pt then told Technician that the Dr better put on a bullet proof vest before he comes in because she was not happy; I entered exam room and asked pt re: the bullet proof vest comment and reiterated to her that she must be respectful in her communication w/ me and the staff, as that is how we have treated her and will continue to; pt continued to be very agitated, and stated she did not believe her Rx was correct and didn't understand how it could have improved from before; I explained to patient that this is certainly possible, especially if farsighted and cataract is causing a myopic shift (explained this term to pt); pt then proceeded to go through her file or Rx's dating back to 2019 and read them off to me - these Rx's confirmed her Rx had been changing over that time both higher and then lower: I tried to explain to pt that this confirms her vision has, in fact, been fluctuating, and I asked pt to please trust my work and that I have taken my time to work with her to get her MF CL fit working the best it can subjectively; I told pt I am still happy to check her Rx in both glasses and CLs today to confirm our findings and show her the changes, however patient refused to proceed with exam and walked out of my exam room and the office; (pt's primary concern is with the near monovision CL in OS and I explained to her the trial period can take time and multiple trial options, and again, I am happy to continue with the entire CL fitting process until completion, but she will need to allow me to do so and treat me and the staff w/ respect; pt also assumes her glasses Rx is incorrect as well just by looking at the numbers and comparing them w/ her previous Rx's up to 6 years old (without having gotten glasses in her new Rx yet to try) .. Ultimately, pt refused all services today and was combative and argumentative throughout her visit; pt also stated she is going to file a complaint with the Board of Optometry, and I notified her that is certainly within her rights; we are terminating care for this patient going forward and will provide all medical records to pt upon request

02/26/2026- [REDACTED], OD, [REDACTED]: Called pt back to discuss questions/concerns with CL trials so far; pt states she does not believe that her vision could have improved in OS since her previous Rx, and does not trust that we got her Rx correct; reiterated to pt that developing cataracts can cause a myopic shift in Rx and may explain changes, but I am confident in our MRx findings; DWP I am happy to schedule her for CL flu appt to trial other power options, and will also order Multifocal options in pt's preferred brand of AV Oasys 2-week to trial in office and determine if any better than monovision subjectively; CL trials ordered for dispense appt

01/12/2026- [N, Amy]: Eyemed paid \$60 for exam.

01/13/2026- [V, Elizabeth]: Eyemed exam submitted

[Redacted]  
[Redacted]  
[Redacted], NV [Redacted]

**Statement of Charges and Payments**

fee Slip Number: [Redacted]  
Date Printed: 4/6/2026  
Provider: [Redacted], OD  
Office Phone: [Redacted]  
license: [Redacted]  
NPI Number: [Redacted]  
  
Patient: [Redacted]  
Chart#: [Redacted]  
Home Phone: [Redacted]  
NextAppt:

To: [Redacted]  
[Redacted]  
[Redacted], NV [Redacted]

Date of Service	Ord#	SKU#	Qty	Description	CPT	Diagnosis	Amount	Patient Balance
01/13/2026	0		1	Exam Comp., New	92004	HS2.03	160.00	
				Billed Eyemed			(160.00)	
01/13/2026	0		1	Refraction	92015	H52.03	65.00	
				Billed Eyemed			(65.00)	
01/13/2026	0		1	Soft Contact Lens Fitting	92310	H52.03	75.00	
				Total Current Charges			<u>75.00</u>	
01/13/2026				Payment Applied by Debit at [Redacted]			(75.00)	
				Total Payments			<u>(75.00)</u>	
				Balance Due				0.00
				Other Open Items				0.00
				NO PAYMENT NECESSARY				<u>0.00</u>

Total Charges (Pat. Total + Ins. Total)''' 300.00

NOTE: Billed to Insurance: \$225.00 plus Sales Tax of 0.00 .... \$225.00  
Thank you for your confidence and trust.



CC: near blur sc w

Comprehensive Exam

HPI

Location: w

Onset: gradual (+) hypothyroid

Duration: \_\_\_\_\_

Frequency: constant

Severity: mod-sev

Quality: \_\_\_\_\_

Relief: \_\_\_\_\_

Assoc. Symptoms: (-) DM HTN

Old RX: OD \_\_\_\_\_ bi tri  
 OS \_\_\_\_\_ prog

Add \_\_\_\_\_ Age of Glasses \_\_\_\_\_  
 Sun  Primary  Computer  Other

OD \_\_\_\_\_ bi tri  
 OS \_\_\_\_\_ prog

Add \_\_\_\_\_ Age of Glasses \_\_\_\_\_  
 Sun  Primary  Computer  Other

Contacts: OD \_\_\_\_\_  
 OS \_\_\_\_\_  
 Brand \_\_\_\_\_  
 Wearing Schedule: DW EW Disp q  
 Age of Current Pair CL Soln



Medical History & ROS from / /  Change  No Change

General Medical Observations: \_\_\_\_\_

Neuro: Oriented (person, time, place)  Yes  No

Psych: Mood/Affect (anxiety, agitation, depression, ) SWRL

Last Exam: 2024 BP: \_\_\_\_\_ P: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Dr. Me

VA:	Aided	Unaided	XCT / GAT / TP	Pachymetry	Pupils: <u>PERRLA (-) APD</u>
OD 20/	OD 20/	OD 20/ <u>70</u>	OD <u>14</u>	OD	EOM: <u>FROM / SMOOTH</u>
GL CL OS 20/	OS 20/	OS 20/ <u>40</u>	OS <u>14</u>	OS	Stereo: <input type="checkbox"/> Randot sc / cc
OU 20/	OU 20/	OU 20/ <u>40</u>	Time: <u>17</u>	am / pm	Color: <input type="checkbox"/> HRR OD
VF: <u>6</u> / cc	OD	OS	Amsler	K's	Mires Quality
<u>CF / FDT</u>			OD <input type="checkbox"/> WNL <input type="checkbox"/> See Grid	OD <u>40.50 / 40.50 @ 180</u>	WNL / Distortion
<u>WNL</u>			OS <input type="checkbox"/> WNL <input type="checkbox"/> See Grid	OS <u>41.25 / 41.25 @ 180</u>	WNL / Distortion
<input type="checkbox"/> See Printout					Phoria: CT / VG <u>H V</u>
					Dist
					Near

Auto Refraction / Retinoscopy

OD: +2.50 -0.75 x 102 Subjective: +2.25 -0.75 x 110 Near Testing: W = 20-1  
 OS: +0.75 -0.75 x 108 Subjective: +1.25 -1.00 x 099 Near Testing: 20/20  
 ADD: +2.50 20/ 20-

Diagnostic Contact Lens Fitting #1 Prescribed Wearing Schedule: \_\_\_\_\_ Additional Testing/Notes: \_\_\_\_\_

OD \_\_\_\_\_ DW / EW

OS \_\_\_\_\_ Disp q

Acceptable Mvmt. Cent. Cov. Comfort

Discussed CL Complications and NO EW  Discussed EW Risks

Diagnostic Contact Lens Fitting #2 Prescribed Wearing Schedule: \_\_\_\_\_ Additional Testing/Notes: \_\_\_\_\_

OD \_\_\_\_\_ DW / EW

OS \_\_\_\_\_ Disp q

Acceptable Mvmt. Cent. Cov. Comfort

Discussed CL Complications and NO EW  Discussed EW Risks

Final Spec Rx #1 <u>+2.50</u>	Final CL Rx #1
OD <u>+2.25 -0.75 x 110</u>	OD
OS <u>+1.25 -1.00 x 099</u>	OS
Final Spec Rx #2	Final CL Rx #2
OD	OD
OS	OS

# **Materials for Item No. 7**

STATE OF NEVADA

JOE LOMBARDO  
Governor



DR. KRISTOPHER SANCHEZ  
*Director*

PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAEERER  
*Deputy Directors*

ADAM SCHNEIDER  
*Executive Director*

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

[Licensee 1], O.D.  
[Licensee 1 email address]  
*via email only*

Re: NSBO Complaint# 26-19  
Patient: [Patient]

Dear Licensee:

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

At [Location 1], on December 6, 2024, I completed a full eye exam and contact lens fitting. The clinical notes for that day explicitly state: "Pt OK to p/u [pick up] and try at home and call if she likes Oasys." The evaluation notes also confirm a successful fit, stating: "lens centered and movement, observations are good" and "lens are surface and clear." Under the Federal Contact Lens Rule (16 C.F.R. § 315.3) [eCFR :: 16 CFR Part 315 -- Contact Lens Rule](#) and NAC 636.680 as amended by R066-19(43) [R066-19A.pdf](#), a prescriber is required to release the prescription once the fitting is complete. The doctor's own notes prove the fitting was medically successful and that I was released with trial.

On August 5, 2025, [Location 1] provided exam notes per a prior request.

I called the office on March 26, 2026 to schedule an appointment and resolve the issue regarding my missing prescription. The doctor/office explicitly stated that they refuse to see me as a patient. This refusal of service follows my recent inquiry into why my December 6, 2024, prescription was being withheld despite the clinical notes showing.

The office added a retroactive addendum to my chart on August 4, 2025, which contradicts the actual clinical findings from my exam on December 6, 2024. This addendum attempts to use an unrelated event from April 2024 to claim a fitting was "never finalized." Using a backdated note to override a completed physical exam from eight months prior is a violation of professional record-keeping standards.

Furthermore, the office has since terminated our relationship in a retaliatory manner because I requested my legal records and prescription.

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

Your reply to [director@nvoptometry.org](mailto:director@nvoptometry.org) is due on or by the close of business **April 15, 2026**. If presented to the Board, this matter will be presented in a double-blind manner, i.e., the identity of yourself, your practice, and the patient will not be disclosed so as to allow an objective review of the allegations and response. **Therefore in your response refer to yourself as “Licensee 1,” your practice as “Location 1,” the patient as “patient,” and do NOT place your response on your personal or office letterhead.**

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

Please be advised that if any particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the law, specifically including but not limited to NRS 636.295(8) (unprofessional conduct in the practice of optometry), NAC 636.380 as amended by R066-19(43) (distribution contact lens prescription), and NRS 636.295(13)(b) (The maintenance, availability or distribution of any medical record of a patient”).

Respectfully,

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

Dear Nevada State Board of Optometry,

I am writing to provide more supplemental evidence and clarification regarding my formal complaint. The respondent recently provided documentation that further highlights the inconsistency in their refusal to release my contact lens prescription.

Please consider the following points regarding the records and the "Contact Lens Agreement" they have submitted:

\* Invalid/Outdated Agreement: The office provided a signed agreement from October 2023. However, they failed to provide any signed agreements for my subsequent fittings in November 2023 or December 2024. Using a document from over a year prior to justify current actions is misleading.

\* Contradictory Clinical Notes: The October 2023 agreement states "Contact lens prescriptions will not be released until all required follow-up visits are completed to dispense a prescription. However, my clinical records for both November 2023 and December 2024 contain no medical justification or requirement for a follow-up.

Successful Fitting Confirmed: In the December 2024 records, the doctor explicitly noted a "good contact lens fit" with "good centration and movement." Despite this successful clinical evaluation and the dispensing of trial lenses (Trial RX #2) on December 19, 2024, the final prescription was never released.

Misleading "Expired" Documentation: The provider continues to reference expired scripts from 2021, while ignoring the fact that the 2023 and 2024 fittings were completed without any recorded requirement for further office visits.

Under Nevada law, the prescription should be released once a successful fit is achieved. The provider's own notes confirm the success of the fit, yet they are using an outdated, conditional agreement to withhold my medical records.

Please note the following critical discrepancies regarding my November 2023 and December 2024 fittings:

\* Retroactive Addendum Inaccuracy 08/04/2025: The provider's recent addendum claims that my "presenting" lenses were accidentally charted and that I never finalized the RX after picking up trials in April 2024. This is factually incorrect. My clinical notes from the actual day of the exam state: "Impression: patient experiencing good acceptable contact comfort/vision." The doctor confirmed a successful fit during the exam.

\* Irrelevant Trial Pickup Timing: The provider highlights that I picked up trial lenses in April 2024 for a November 2023 fitting. However, the timing of a trial pickup—or the request for a different brand—does not change the clinical prescription itself. Under Nevada law, the RX

is finalized once a successful fit is achieved. Since the doctor already determined the fit was "good" and "acceptable" in November, the prescription should have been released then, regardless of when I chose to pick up physical trials.

\* Invalid Use of October 2023 Agreement: The respondent is relying on a signed document from October 2023 (attached below). This agreement states follow-ups are required "if needed to provide contact Rx." There is no medical documentation in my November 2023 or December 2024 records stating that a follow-up was medically necessary.

- **Retroactive Alteration of Records:** The respondent has submitted an "addendum" dated **August 2025** regarding my **November 2023** and **December 2024** visits. I was not seen by any provider in August 2025; this addendum was created nearly a year after the fact following a series of administrative disputes via email and phone.
- **Contradiction of Contemporaneous Notes:** This 2025 addendum claims that my "presenting" lenses were charted in error during the 2024 exam. However, the **original, contemporaneous notes** from the actual date of service (December 2024) explicitly state: "*Patient wore pair of contacts that was given to her.*" \* **Legal & Ethical Concern:** It is medically and legally inappropriate to retroactively alter clinical findings from a physical exam months later without seeing the patient. Creating an addendum that directly contradicts the original exam notes—solely to justify withholding a prescription—appears to be a bad-faith attempt to manipulate my medical history. I request the Board investigate the timing and validity of this August 2025 entry, as it does not reflect the clinical reality of the 2024 visit.

\* Brand Trial vs. Prescription Change: Requesting a different brand (e.g., trying Brand #2 instead of Brand #1) with the exact same prescription parameters does not constitute a "new" fitting that requires a follow-up. It is simply a request for a different manufacturer of the already-approved prescription.

By withholding my prescription from both the 2023 and 2024 successful fittings, the provider is in direct violation of the law regarding the release of contact lens prescriptions.

I appreciate your continued investigation into this matter. I request that this information be added to my file for the board's investigation.

Attached also, is the expired contact lens prescription and glasses prescriptions.

Sincerely,

[Complainant]

Licensee 1

Location 1

RE: Complaint 26-19

March 30, 2026

Dear Nevada State Board of Optometry,

Enclosed are the examination notes and email correspondence requested regarding the above-referenced case. Certain addendums were added to the patient's record to clarify and correct entries in the original documentation.

### **Contact Lens Evaluation Process**

The patient paid for a contact lens evaluation at her visit on December 6, 2024. A contact lens evaluation in our practice includes several components: discussion of contact lens safety and proper wear, assessment of ocular health, corneal topography, selection and ordering of trial lenses, dispensing of trial lenses, and evaluation of visual acuity and lens fit on the eye.

During the December 6, 2024 visit, the initial portions of the evaluation were completed, including discussion of contact lens safety, evaluation of ocular health, corneal topography, and the selection and ordering of trial lenses. However, the final steps of the evaluation, dispensing the trial lenses and evaluating visual acuity and fit on the eye, were not completed because the patient did not return for the required dispensing and follow-up visits despite multiple attempts to contact her.

Because these final steps are required to determine whether a contact lens fit is safe and successful, a contact lens prescription could not be finalized or released.

### **Clarification Regarding Examination Documentation**

Upon later review of the examination record, I noted that certain entries in the electronic record could be confusing or inaccurate due to inadvertent selection during the documentation process.

The record included a pre-populated entry stating: "*Presenting contact lens examination: Lens centration and movement observations are good.*" This entry was selected in error. The patient did not present wearing contact lenses at the December 6, 2024 visit.

Additionally, the **Impressions** section included the statement: *“Bilateral: Patient experiencing good/acceptable contact lens comfort, vision, and eye health.”* This entry was also made in error and did not accurately reflect the clinical encounter. This entry was also pre-populated erroneously.

Because the patient did not present wearing contact lenses and no lenses were dispensed during that visit (only ordered), contact lens comfort, vision, or fit could not have been evaluated. An addendum was therefore added to the examination record clarifying that the patient did not present wearing contact lenses at the time of the examination, nor did she try on any contact lenses in the office.

### **Prior Contact Lens History**

The “presenting contact lenses” referenced in the record referred to lenses that had been provided to the patient as trial lenses in 2023. Those lenses were never finalized as a prescription because the patient did not complete the required follow-up process. She did however state that she liked those lenses.

The patient’s most recent finalized contact lens prescription was issued on September 18, 2020.

### **Timeline of Events**

#### **December 6, 2024**

The patient presented for an eye examination and contact lens evaluation. She did not present wearing contact lenses. Trial lenses (Trial #1 and Trial #2) were ordered for her to evaluate in office at a dispensing appointment.

#### **December 17, 2024**

The patient was contacted and informed that the contact lenses ordered for her were on backorder. During that conversation, she requested a refund for the contact lens evaluation, stating that she would not receive the lenses in time for an upcoming trip. The patient’s request for a refund was based on the fact that the ordered trial lenses had not yet been dispensed. She was told a refund was not possible since a contact lens evaluation was initiated and contact lenses were ordered for her.

This request appears inconsistent with her later statement that she had already been given contact lenses during her visit.

#### **December 30, 2024**

The trial lenses were received in the office. The patient was notified that they were available and that she could schedule her dispensing appointment.

**January 6, 2025**

The patient left a voicemail stating that she did not have time to come in for the required dispensing appointment and requested that the office provide a backdated contact lens prescription from 2023. A staff member returned her call the same day and informed her that this was not possible and against office policy.

**December 30, 2024 – February 7, 2025**

Multiple attempts were made to contact the patient to schedule her dispensing appointment. Contact attempts were made on:

- December 30, 2024
- January 6, 2025
- January 7, 2025
- January 16, 2025
- January 21, 2025
- February 7, 2025

The patient did not return to the office to pick up or evaluate the trial lenses.

**May 7, 2025**

The trial lenses were filed away because more than six months had passed since the initial examination and the patient had not returned to the office to complete the dispensing and follow-up process. Our contact lens agreement, which the patient signed, states that if a patient does not complete the required follow-up visits within six months of the initial exam, a re-evaluation is required before a contact lens prescription can be finalized.

If the patient had previously picked up the lenses and completed the required follow-up, as she later suggested, there would not have been trial lenses remaining in the office to file away. Additionally, the office would not have needed to contact her multiple times between December 2024 and February 2025 to notify her that the lenses had arrived and to schedule her dispensing appointment.

**Applicable Regulation**

Pursuant to NAC 636.680, an optometrist shall not release a contact lens prescription to a patient until the following conditions are met:

- An initial evaluation of the fit of the lens on the patient's eye has been conducted
- Any follow-up examinations deemed medically necessary have been completed
- The optometrist has determined that a successful fit has been achieved

Because the patient did not return for dispensing or follow-up evaluation, these requirements were not met, and a contact lens prescription could not legally be finalized or released.

### **Subsequent Contact with the Office**

#### **August 1, 2025**

The patient contacted the office to ask if she could pick up the contact lenses. At that time, only one of the lenses ordered remained in stock. She was informed that the lenses would need to be re-ordered and that, because more than six months had passed since her evaluation, she would need to return for a re-evaluation before proceeding.

During this interaction, the patient became upset and raised her voice at my staff member, again demanding that her contact lens prescription be released. She was reminded that her most recent finalized contact lens prescription was from 2020.

The patient then requested copies of her examination notes, which were provided to her via email.

#### **August 4, 2025**

The patient sent an email stating that she had picked up Acuvue Vita contact lenses previously, and that she had completed a fitting with “blue light contacts” during a visit and wore them home. Based on the records in her chart, she appears to be referring to her examination on October 20, 2023.

At that visit, the patient expressed interest in trying a contact lens other than Acuvue Oasys for Astigmatism, specifically requesting a lens with blue light-filtering properties. Total30 for Astigmatism lenses, which have blue light-filtering properties, were selected; however, they needed to be ordered. In the interim, the patient was provided Acuvue Oasys for Astigmatism lenses to use until the Total30 lenses arrived.

During her follow-up visit on November 10, 2023, the patient reported that she did not like the Total30 for Astigmatism lenses when evaluated in the office and requested to try another monthly replacement lens. Acuvue Vita for Astigmatism trial lenses were therefore ordered for her to try. She was informed that she could pick them up from the office without an appointment and try them at home, and she was instructed to contact the office after trying to either finalize the prescription or schedule an additional follow-up if needed.

Those lenses were picked up from the office by a man on November 27, 2023. However, the patient did not contact the office after trying those lenses to complete the required follow-up process or to finalize a contact lens prescription.

**March 26, 2026**

The patient contacted the office to attempt to schedule another appointment. In 2025, I had documented in her chart that she should not be scheduled for future appointments due to repeated rude and inappropriate interactions with staff and repeated attempts to circumvent established office policies. During this call, the patient again became hostile toward staff and stated that she intended to come into the office. At that time, I prepared and issued a formal letter dismissing her from the practice.

In summary, the patient initiated but did not complete the contact lens evaluation process despite multiple attempts by our office to schedule the required dispensing and follow-up visits. Because the trial lenses were never dispensed or evaluated on the eye, a successful contact lens fit could not be determined, and a contact lens prescription could not legally be finalized or released in accordance with NAC 636.680. The documentation addendums referenced above were entered solely to clarify inaccuracies in the original electronic record and to accurately reflect the clinical encounter. At all times, the actions taken by my office were consistent with standard clinical practice and applicable regulatory requirements. I have also corrected the examination template so that it no longer pre-populates entries indicating that a patient presented wearing contact lenses, in order to prevent similar documentation errors in the future.

Please feel free to contact me if any additional information or documentation would be helpful in your review of this matter.

Sincerely,

Licensee 1

## EXAMINATION RECORD

### [Location 1 contact information]

#### **For: [Patient]**

**Exam Date:** 12/06/2024

**Print Date:** 03/30/2026 09:44 AM

**DOB: [DOB]            Age:** 29

**Occupation:** Google

**Gender:** Female            **Race:** Unknown

#### **REASON FOR VISIT**

**EXAMINATION:** Adult eye health and vision examination.

Contact lens examination established wearer

**PRIMARY CARE PHYSICIAN:** Dr.

#### **CHIEF COMPLAINT**

**CHIEF COMPLAINT:** Blurred vision

Needs new contacts and glasses

Redness OU x 2wks and dry.

#### **HISTORY PRESENT ILLNESS (HPI)**

**CONTACT LENSES:** Pt interested in CLs again. Pt only wore the pair that was given to her at her last visit. Pt had no complaints about the lenses. She would like to stay with Acuvue Vita.

#### **PATIENT HISTORY**

**OCULAR HISTORY:** LT: Floater.

**MEDICAL HISTORY:** Asthma.

**SYSTEMIC SURGICAL HISTORY:** No pertinent surgical history exists

No systemic surgical history reported except.

**SYSTEMIC FAMILY HISTORY:** Family history is reported to be unremarkable.

**OCULAR SURGICAL HISTORY:** No ocular history reported except:

No pertinent past ocular surgical history exists.

**OCULAR FAMILY HISTORY:** High nearsightedness, mother, sister..

**OCULAR MEDICATIONS:** Pataday Extra Strength (lgt OU QD)

**SYSTEMIC MEDICATIONS:** Penicillin Reaction: ANAPHYLAXIS,RASH

No known systemic medication allergies.

Ventolin [DISCONTINUED]

**THERAPEUTIC SIDE-EFFECTS:** No out-of-the-ordinary symptoms are experienced.

**SOCIAL HISTORY:** No reported use of tobacco, alcohol or narcotics.

**SPECTACLE Rx STATUS:** Single vision general purpose Rx. Eyewear worn full-time. Eyewear comfort/design seems adequate with last Rx.

**REVIEWED HISTORY:** I have reviewed this patient's previous exam records.

#### **REVIEW OF SYSTEMS**

**REVIEW OF SYSTEMS:** No reported disorders or current medical treatment of: Allergy Cardiovascular Constitutional Ears,nose,mouth,throat Endocrine Gastrointestinal Genitourinary Hematologic/ Lymphatic Immunologic Integumentary / Skin Musculoskeletal Neurologic Psychiatric Respiratory Unless otherwise noted below.

**ALLERGY:** No allergies or drug hypersensitivities are reported.

**CARDIOVASCULAR:** No symptoms currently reported.

**CONSTITUTIONAL:** No symptoms currently reported.  
**ENDOCRINE:** No symptoms reported  
**GASTROINTESTINAL:** No symptoms reported  
**GENITOURINARY:** No symptoms reported  
**HEAD:** No symptoms currently reported.  
**HEMATOLOGIC/LYMPHATIC:** No symptoms reported  
**IMMUNOLOGIC:** No symptoms reported  
**INTEGUMENTARY:** No symptoms currently reported.  
**MUSCULOSKELETAL:** No symptoms reported  
**NEUROLOGICAL:** No symptoms reported  
**PSYCHIATRIC:** No problematic symptoms currently experienced.  
**RESPIRATORY:** No symptoms currently reported.

### PRESENTING FINDINGS

#### **UNAIDED ACUITIES:**

RT: OVA CF IM  
LT: OVA CF IM  
BI: OVA CF IM NVA 20/800

#### **PRESENTING SPECTACLE Rx: (Distance)**

RT: -7.75 -1.50 x 012 OVA: 20/20  
LT: -7.00 -1.25 x 177 OVA: 20/30  
BI: OVA: 20/20- NVA: 20/20

#### **PRESENTING CONTACT Rx: (#1)**

RT: Acuvue Vita for Astigmatism 6p -7.00 -1.25 x 010 BC: 8.6 Dia: 14.5 Clear  
LT: Acuvue Vita for Astigmatism 6p -6.50 -1.25 x 180 BC: 8.6 Dia: 14.5 Clear

### VISION

#### **K-READINGS:**

RT: 43.50@177 Steep 44.75@ 087  
LT: 43.25@175 Steep 45.00@085

**COVER TEST (DIST):** Method: Alternate Horz: Ortho Vert: RT: Ortho LT: Ortho

**COVER TEST (NEAR):** Method: Bilateral Horz: 8.00XP Vert: RT: Ortho LT: Ortho

**EYE MOVEMENT SKILLS:** Saccades 4+, smooth and accurate. Pursuits 4+, smooth and accurate.

#### **AUTO REFRACTION:**

RT: -8.50 -2.00 x 003  
LT: -7.75 -2.00 x 171

#### **MANIFEST:**

RT: -7.75 -1.25 x 180 OVA: 20/20-  
LT: -7.25 -1.50 x 175 OVA: 20/20  
BI: OVA: 20/15 NVA: 20/20

#### **FINAL SPECTACLE Rx:**

RT: -7.75 -1.25 x 180 OVA: 20/20-  
LT: -7.25 -1.50 x 175 OVA: 20/20  
BI: OVA: 20/15 NVA: 20/20

NOTES: Hi-index, AR, Sun Rx or Transitions

#### **TRIAL CONTACT LENS Rx: #1**

RT: Acuvue Vita for Astigmatism 6p -7.00 -1.25 x 180 BC: 8.6 Dia: 14.5 Clear  
LT: Acuvue Vita for Astigmatism 6p -6.50 -1.25 x 180 BC: 8.6 Dia: 14.5 Clear

#### **TRIAL CONTACT LENS Rx: #2**

RT: B+L Ultra for Astigmatism -7.00 -1.25 x 180 BC: 8.6 Dia: 14.5 Clear  
LT: B+L Ultra for Astigmatism -6.50 -1.25 x 180 BC: 8.6 Dia: 14.5 Clear  
NOTES: Trial fit #2.

### EXAMINATION

#### **CUP/DISC RATIO:**

RT: Horz .15 Vert .15

LT: Horz .10 Vert .10

**TONOMETRY:** RT: 19 mmHg LT: 17 mmHg Test: !Care Rebound Time: 02:59 PM Category: Examination

**DILATION ORDERS:** Defer DFE, BI

**EXTERNAL EXAM:** Confrontation fields are full in all quadrants. Facial symmetry exists. Ocular adnexa and nodes normal. Eyelids and lashes clean, healthy and free of defects. Extraocular muscle motilities and versions full. Cover test testing ortho @ primary gaze, distance and near. Pupils are equal, round and fully reactive to light. Unless otherwise noted below.

**DRY EYE:** Bilateral: Clinically significant reduction in tear break up time. Mild injection noted.

**SLIT-LAMP EXAM:** Tears demonstrate normal surface qualities. Corneal epithelium, stroma and endothelium clear and healthy. Bulbar and palpebral conjunctiva are healthy and white. Chambers are deep and free of cells and flare. Iris appears healthy, normal anatomy and convexity. Lens, both capsules, cortex, and nucleus are normal for age. Unless otherwise noted below.

**CONTACT LENS EVALUATION:** Presenting Contact Lens examination: Lens centration and movement observations are good. Lens surface is clear and wetting properly. Corneal health is unaffected.

**CONJUNCTIVAL GROWTHS:** Bilateral: A raised but smooth area of elevation exists on the conjunctiva. Nasal-temporal aspect.

**POSTERIOR SEGMENT:** Vitreous body clear for age and fully attached. Nerve head well perfused, with good rim tissue. Healthy macula with no edema or degenerative pigmentation. Healthy peripheral retinal structures and vasculature. No drusen, exudate, hemorrhages or evidence of retinopathy. Unless otherwise noted below.

**DISPOSITION:** Patient is pleasant and sociable.

**ORIENTATION:** Patient is fully alert to time, place and person.

### **SPECIAL TESTING**

**TOPOGRAPHY:** Topography mires clear, crisp and symmetrical demonstrating normal corneal surface and: WTROU

#### **IMPRESSION(S):**

Bilateral: Dry eye syndrome

Bilateral: Patient experiencing good/acceptable contact lens comfort, vision and eye health

Bilateral: Pinguecula

Myopia

Astigmatism

### **PLAN**

**PRINTED SPEC Rx:** 12/06/2024 03:26 PM

**TREATMENT DRY EYE:** Bilateral: Rx PF artificial tears.

**TREATMENT CONJUNCTIVAL GROWTHS:** Bilateral: Rx preservative free artificial tears, PRN. Gave pt sample of Refresh Digital PF.

**SPECTACLE PLAN:** Recommend back-up pair of glasses, Hi-index A/R Coating Recommend sunglasses over CLs.

**CONTACT LENS PLAN:** Re-Fitting: Disposable soft lens. Frequent replacement soft lens. Change power. Order DxCI #1 RTC when new lenses are in.

### **PATIENT MANAGEMENT**

**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 12/06/2025: Examination: Annual Eye Examination Ordered by: [Licensee 1] OD, [Licensee 1] . Entered by: [Licensee 1] OD, [Licensee 1]. [Active] on 12/06/2024 By [Licensee 1]

**ELECTRONIC SIGNATURE:** Electronically Signed By: [Licensee 1] on 12/09/2024 12:56 PM. **NOTES:** pt called and spoke with Joana to see if there is anything else she can wear since her DxCI #1 isn't coming in until Monday. Gave Joana DxCI #2 for her to p/u. Date-time: 12/19/2024 10:27:13 AM By: [Licensee 1]

ADDENDUM TO EXAM NOTES:

- 1) Presenting contact lenses were accidentally put in chart. Those lenses were supposed to be in the Trial Rx not Presenting. Pt did not present with any lenses.
- 2) Examination Contact Lens: Patient did not present with contact lenses
- 3) Impressions Contact Lens: "Patient experiencing good/acceptable contact lens comfort, vision, and eye health" : ADDENDUM: In the past. Patient would like to initiate contact lens wear again.

In November 2023 patient was given Total 30 for astigmatism to try while Acuvue Vita for Astigmatism was to be ordered for her. She finally picked up the Acuvue Vita on 04/17/2024 but never called the office to finalize the Rx.

Date-time: 8/4/2025 2:12:44 PM By: [Licensee 1]

**DIAGNOSIS:**

- H52.13 Myopia, bilateral
- H52.223 Regular astigmatism, bilateral
- H04.123 Dry eye syndrome of bilateral lacrimal glands

**PROCEDURE:**

- 92014 Exam Comp. Established
- 92015 Exam Refraction New Patient
- 92310 Design Fitup
- 1036F Current Tobacco Non-user
- G9903 Patient Screened for Tobacco Use, Non Tobacco User

Completed Exam:  \_\_\_\_\_



Date: 12/09/2024

Contact Lens Patient Information

Patient Name: \_\_\_\_\_

Contact lens services are paid for in advance to cover your follow-ups and initial supplies during the fitting process. Professional fees are nonrefundable even if you do not purchase contact lenses. Please read this information sheet completely and keep it handy if you have any questions.

Emergency Information

- We offer 24-hour urgent care. In case of emergency after hours, please call (702) 473-5660 and follow the urgent care instructions to reach the on-call doctor. After hour's fees may apply. Medical visits are not covered under the contact lens evaluation fees but may be covered by your medical insurance.
- Remove your contacts and call our office or other eye care provider immediately, if you experience any of the following:  
Eye Pain or Redness   Sensitivity to Light   Excessive Tearing or Discharge   Cloudy, Foggy or Reduced Vision

Lens Wear Schedules, Replacement, and Care Information

- Contact lenses are medical devices that are regulated by FDA and may additionally be subject to state law requirements. Contact lenses can only be prescribed by a licensed eye care practitioner. Contact lenses purchased and dispensed without a valid prescription or proper verification of a prescription are sold against the law.
- Improper care of lenses can lead to an eye infection and can lead to vision loss. Different types of lenses have varied risks. For example, lenses worn overnight have a higher risk of complications than lenses removed nightly.
- Your lenses are designed to be worn on the following schedule:
  - Daily wear up to 16 hours with removal before sleeping
  - FDA approved for continuous wear up to: ZERO / SIX / THIRTY nights
  - The doctor recommends removing lenses every night even if a lens is approved for overnight wear.
- Replace lenses on the following basis: Daily 1 wk 2 wks 1 month 3 months 6 months 1yr
- Your prescribed lens brand: Acuvue Oasys 1 Day
- Your prescribed contact lens solution (please do not substitute without calling the office first):  
BioTrue Clear Care Opti-Free PureMoist Revitalens UniquePH Other: \_\_\_\_\_
- Replace lens cases every 3 months or when you get a new bottle of solution.
- Rinse cases with solution (never water) and let air dry. NEVER REUSE SOLUTION.
- NO WATER ON YOUR LENSES! NO SWIMMING IN YOUR CONTACT LENSES (i.e. pools, lakes, hot tubs, etc!)

Follow Ups

- Your contact lens evaluation fee covers 60 days of follow-up care after your initial exam. You must return within 60 days of the initial exam for any required follow-up care. After 60 days a fee of \$50 will apply. If 6 months are exceeded, a new exam is required. There are NO EXCEPTIONS.
- Contact lens prescriptions will not be released until all required follow-up visits are completed.

Acknowledgement

- I have read this document carefully, and fully understand the importance of the doctor's recommendations. I understand the policies of this office.
- I have been given the opportunity to have all my questions answered and concerns addressed.
- Once the evaluation is complete and finalized by the prescribing doctor, I agree to have my final contact lens prescription emailed or faxed to me if a hard copy was not provided in person. I understand that all copies are kept on file for at least 3 years once issued.

Patient Signature (& Guardian Signature if Applicable) \_\_\_\_\_

Date: 11/20/23

[Location 1 contact information]

## Statement of Charges and Payments

**Fee Slip Number:** XXXXXX  
**Date Printed:** 3/30/2026  
**Provider:** [Licensee 1] OD  
**Office Phone:** [Location 1 phone]

**To:** Patient  
 [Patient address]

**Patient:**  
**Chart#:**  
**Home Phone:**  
**NextAppt:**

Date of Service	Ord#	SKU#	Qty	Description	CPT	Diagnosis	Amount	Patient Balance
12/06/2024	0		1	Exam Comp., Established Billed VSP (Vision Service Plan)	92014	H52.13	140.00 (115.00)	
12/06/2024	0		1	Refraction Billed VSP (Vision Service Plan)	92015	H52.13	65.00 (65.00)	
12/06/2024	0		1	92310CT Billed VSP (Vision Service Plan)	92310	H52.13	80.00 (20.00)	
Total Current Charges							85.00	
12/06/2024	Payment Applied by Visa at [Location 1]						(85.00)	
Total Payments							(85.00)	
Balance Due								0.00
other Open Items								0.00
NO PAYMENT NECESSARY								<u>0.00</u>

Total Charges (Pat. Total + Ins. Total)= 285.00

NOTE: Billed to Insurance: \$200.00 plus Sales Tax of 0.00 = \$200.00

All sales are final. We appreciate your business and your kind referrals.

Total Due	<u>0.00</u>	Patient#	<u>1526</u>	Statement Date	<u>3/30/2026</u>
Amount Enclosed	<u>          </u>	Check#	<u>          </u>	Patient	<u>          </u>
		Chart#	<u>          </u>		

## Outlook.

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### Itemized Receipts

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**From** Location 1

**Date** Tue 10/24/2023 8:54 AM

**To** Patient

Hi!

Attached are your itemized receipts for the exam and glasses, let us know if you have any questions!

Thank you!

[Location 1 contact information]

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you have received this email in error please notify the system manager. Please note that any views or opinions presented in this email are solely those of the author and do not necessarily represent those of the Company. Finally, the recipient should check this email and any attachments for the presence of viruses. The Company accepts no liability for any damage caused by any virus transmitted by this email.

## Outlook

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Re: Exam **Notes**

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From Location 1

**Date** Tue 8/5/2025 8:45 AM

To: Patient

After reviewing your chart; we want to clarify a few important points:

- At your initial contact lens evaluation, no lenses were dispensed as the appropriate lenses needed to be ordered. There were no visual acuities recorded because there were no lenses dispensed at that visit. The lenses noted in your chart are prior lenses that you did not come in with (noted in presenting that you had picked up in January of 2024 but failed to call us to finalize them) and diagnostic lenses ordered (noted in Trial #1 and Trial #2) to be evaluated in office when they arrived. We understand that the Acuvue Vita lens we ordered did not come in on time for your scheduled follow-up appointment, but we gave you an option on 12/19/2024 to come in and pick up another brand in your prescription until the Acuvue Vita's came in since we knew you were going on a trip.
- As part of the standard and required contact lens fitting process, a follow-up appointment is necessary to ensure the lenses fit properly, provide adequate vision, and are safe for your eyes.
- Despite our attempts to contact you, on 12/19/2024, 12/30/2024, 01/06/2025, 01/07/2025, 01/16/2025, 01/21/2025, 02/07/2025 you have not returned for the required follow-up visit or responded to our calls. You did not contact our office until July regarding the contact lenses.
- Under the **Federal Trade Commission's Contact Lens Rule**, a finalized contact lens prescription may only be released after the fitting process is complete, which includes the follow-up assessment.

Because this process was not completed, we are legally and ethically unable to release your contact lens prescription at this time. If you would like to complete the evaluation, please contact our office to schedule the necessary follow-up visit. We normally would charge for this visit because it has been over 6 months since your initial evaluation, but we understand that you had back surgery and had a difficult time coming on so we will waive the fee.

Additionally, please note that the contact lens evaluation service was performed and lenses were ordered, so as per our office policy, this service is non-refundable.

We are happy to help you complete the fitting and finalize your prescription-please let us know if you'd like to proceed.

[Location 1 contact information]

---

**From:** Patient

**Sent:** Monday, August 4, 2025 8:40 PM

**To:** Location 1

**Subject:** Re: Exam Notes

Also I picked up my regular vita contacts. And I don't try contacts out to see if I have the right script or not. I try out different brand of contacts to see if I like them and then you guys place the order.

I called you guys as soon as I could. And my contacts on the notes did not change. I did the exam for my contacts there. You guys didn't have the brand that I liked. So I did a fitting with other blue light contacts when I was there and wore them home. I did state to Dr. [Licensee 1] when I picked up my regulars I didn't like the blue light lenses. So it worked perfectly that I was able to pick up my regulars and they were fine. I again couldn't tell you guys until I called.

---

Re: Exam Notes

---

From Patient

Date Mon.8/4/2025 7:26 PM

To Location 1

As stated was in the hospital during that time period. I did call and state the trials were fine. My call logs go back all the way to last year.-And per the notations given I don't see there was a try calling. I called a week after I got out of the hospital which was in July. Shown below.

It's totally fine and all the years that I've been to your offices when I do the diagnostic that is my script I've never had where I come back for the fitting or we do the fitting and the script is wrong. never once with my contacts. Dr. [Licensee 1] is always on point when it comes to getting my script correctly done in the contacts lens exam.

Have a good one.

On Mon, Aug 4, 2025 at 4:37 PM

Location 1 wrote:

As stated prior, they were diagnostic lenses. They weren't the wrong or right script; they were lenses we were trying out to see if they were the right script. And, as stated prior, you never returned, or even called, to get them finalized so we have no idea if you even liked them. May we ask what lenses you picked up to try?

We understand things do come up which is why we have the 6-month period after your exam to get them finalized with no additional refraction, we did reach out to you countless times between your initial exam and that expiration period and received no documented communication what so ever until now.

[Location 1 contact information]

---

**From:** Patient

**Sent:** Monday, August 4, 2025 11:57 AM

**To:** Location 1

**Subject:** Re: Exam Notes

You guys gave me trials in those lenses. So why would you give me contacts if they are the wrong script? Also as stated was in hospital. Had major back surgery.

On Mon, Aug 4, 2025 at 11:49 AM, info  
Location 1 wrote:

Hi [Patient], we understand the confusion but that's not the script, those are the diagnostic lenses we were ordering and trying out for you.

They were not finalized as you never returned to get them finalized, therefore we never finished your contact lens evaluation, therefore we did not finalize your script.

[Location 1 contact information]

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**From:** Patient

**Sent:** Monday, August 4, 2025 11:26 AM

**To:** Location 1

**Subject:** Re: Exam Notes

Perfect. So I do see the contact script on there for 2024... I see it in the notes. So I don't understand why you guys are saying there is no contact script since 2020. But no matter if I have a contact fitting by law when I do a contact exam my script was made. It even says in the notes trails were find no complaints.

On Mon, Aug 4, 2025 at 7:34 AM, info  
Location 1 wrote:

We apologize for that,  
They are attached now.

Have a great day!

[Location 1 contact information]

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**From:** Patient  
**Sent:** Friday, August 1, 2025 7:02 PM  
**To:** Location 1  
**Subject:** Re: Exam Notes

Theres nothing attached

On Fri, Aug 1, 2025 at 4:01 PM, info  
Location 1 wrote:

Hi [Patient],

Attached here are exam notes that you requested. Please feel free to email or contact us if you have any questions.

Best,

[Location 1 contact information]

---

Re: Notice of Change in Doctor-Patient Relationship

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From Location 1  
**Date** Thu 3/26/2026 11:55 AM  
To: Patient

[Patient],

Attached is your Formal Health Record.

Thank you,

[Location 1 contact information]

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**From:** Patient  
**Sent:** Thursday, March 26, 2026 10:42 AM  
**To:** Location 1  
**Subject:** Re: Notice of Change in Doctor-Patient Relationship

Dear Dr. [Licensee 1],

I am writing to acknowledge receipt of the termination notice dated March 26, 2026. After 10 years as a patient at [Location 1], I am disappointed to see our relationship end in this manner.

Regarding the mention of the trial contacts and follow-up evaluations: I would like to clarify that as a patient, I have the right to decline specific products or trials. Furthermore, under the Fairness to Contact Lens Consumers Act of the trial contacts and follow-up evaluations: I would like to clarify that as a patient, I have the right to decline specific products or trials. Furthermore, under the Fairness to Contact Lens Consumers Act, I am not required to purchase my contact lens supply through your office as a condition of receiving my prescription or completing my care.

Because our professional relationship is ending, please ensure the following:

1. **\*\*Prescription Release:\*\*** Please provide my most recent, signed contact lens and glasses prescriptions immediately. Per federal law, these must be released to the patient regardless of whether a purchase was made at the clinic.
2. **\*\*Medical Records:\*\*** I will be submitting a formal request to have my full medical history forwarded to a new provider. Please confirm the process for this so there is no lapse in my eye care during this 30-day transition period.

I hope we can resolve these final administrative steps professionally.

My family is very disappointed as we have all seen you and I could even get a respectable phone call.

Thanks

On Thu, Mar 26, 2026 at 10:34 AM, info  
Location 1 wrote:

Dear [Patient],

Attached is a letter explaining that [Location 1] will no longer be able to provide you with optometric care. You'll need to establish care with another eye care provider.

Sincerely,

[Location 1 contact information]

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Re: Notice of Change in Doctor-Patient Relationship

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From Location 1

**Date** Thu 3/26/2026 11:07 AM

To Patient

[Patient],

Attached is your most recent Spectacle Prescription and most recent Contact Lens Prescription, as well as the last Contact Lens Agreement you signed.

Thank you,

[Location 1 contact information]

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you have received this email in error please notify the system manager. Please note that any views or opinions presented in this email are solely those of the author and do not necessarily represent those of the Company. Finally, the recipient should check this email and any attachments for the presence of viruses. The Company accepts no liability for any damage caused by any virus transmitted by this email.

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Date: 03/26/2026

Patient Name:

Address:

, NV

Dear

This letter is to inform you that I will no longer be able to provide optometric care for you as of 30 days from the date of this letter.

Our office requires patients who wear contact lenses to comply with recommended follow-up visits so we can properly monitor eye health and ensure the safety of contact lens wear. Despite multiple reminders and recommendations, you have not returned for the necessary follow-up evaluations related to your contact lens care.

In addition, our practice is committed to maintaining a respectful environment for both patients and staff. Unfortunately, there have been repeated instances of disrespectful communication toward members of our team. Maintaining a professional and respectful relationship is essential for us to provide appropriate care.

For these reasons, we believe it is in the best interest of both parties to end the doctor-patient relationship.

For the next 30 days from the date of this letter, we will be available for **urgent eye care** only to allow you time to establish care with another provider. We recommend that you seek another optometrist or ophthalmologist for your ongoing eye care needs, including contact lens services.

Upon your written authorization, we will be happy to forward a copy of your medical records to your new provider.

We appreciate the opportunity we previously had to participate in your eye care and wish you the best in the future.

Sincerely,

Dr. [Name] OD, FRCO

**RELEVANT LAW**

**NRS 636.295 Grounds.**

The following acts . . . constitute sufficient cause for disciplinary action:

6. Making false or misleading representations, by or on behalf of the licensee, with respect to optometric materials or services.

13. Any violation of a state or federal law or regulation relating to or involving the practice of optometry, including, without limitation, a violation relating to:

(b) The maintenance, availability or distribution of any medical record of a patient

\*\*\*\*\*

**NRS 636.022 “Prescription” defined.**

“Prescription” means:

2. A written direction from a licensed optometrist to:

(a) Prepare an ophthalmic lens for a patient; or

(b) Dispense a prepackaged contact lens that does not require any adjustment, modification or fitting.

\*\*\*\*\*

**NRS 636.387 Requirements for prescriptions for and initial fitting of contact lenses.**

1. The form for any prescription which is for a contact lens must set forth the expiration date of the prescription, the number of contact lenses approved for the patient and such other information as is necessary for the prescription to be filled properly. A prescription for spectacle lenses must not be construed to be approved for or converted to a prescription for contact lenses unless contact lenses are expressly approved in writing on the prescription by the prescribing optometrist.

2. The initial fitting of a contact lens must be performed by an ophthalmologist or optometrist licensed in this State.

3. As used in this section, “initial fitting” means measuring the health, integrity and refractive error of the eye to determine whether contact lenses are appropriate for the patient.

\*\*\*\*\*

**NAC 636.680 (as amended by R066-19(43)) Contact lenses. ([NRS 636.125](#))**

1. A copy of a prescription for a rigid gas permeable contact lens or soft contact lens issued by an optometrist must include the date on which the prescription expires and must be:

(a) Provided to the patient or an authorized agent of the patient, as required by 16 C.F.R. § 315.3; or

(b) Verified to an authorized agent of the patient, as required by 16 C.F.R. § 315.5.

2. An optometrist shall not release a prescription for a rigid gas permeable contact lens or soft contact lens to a patient, until the optometrist has:

(a) Conducted an initial evaluation of the fit of the lens on the eye of the patient;

- (b) Conducted any follow-up examination that the optometrist deems medically necessary; and
- (c) Determined that a successful fit has been achieved.

3. An optometrist shall not fail or refuse to provide all the information necessary to duplicate accurately a valid prescription for a rigid gas permeable contact lens or soft contact lens unless the optometrist maintains proper documentation of a sufficient clinical rationale.

4. Upon the release of a prescription for a rigid gas permeable contact lens or soft contact lens, no changes may be made in the brand or type of lens prescribed without the issuance of a new prescription. The brand name and type of the lens dispensed must be identical to the brand name and type of the lens prescribed. A new prescription to make changes in the brand or type of lens prescribed must not be issued unless an optometrist has completed any evaluations or examinations that the optometrist deems medically necessary for such changes.

5. After the release of a prescription for a rigid gas permeable contact lens or soft contact lens, the prescriber is not liable for any future changes in the fitting or dispensing of the lens by another source.

\*\*\*\*\*

### **16 CFR § 315.3 Availability of contact lens prescriptions to patients.**

(a) ***In general.*** When a prescriber completes a contact lens fitting, the prescriber:

(1) Whether or not requested by the patient, shall provide to the patient a copy of the contact lens prescription;

(2) Shall, as directed by any person designated to act on behalf of the patient, verify the contact lens prescription by electronic or other means; and

(3) Shall, upon request, provide any person designated to act on behalf of the patient with a copy of the patient's contact lens prescription by electronic or other means within forty (40) business hours of receipt of the request. A prescriber shall note in the patient's record the name of the requester and the date and time that the prescription was provided to the requester.

(b) ***Limitations.*** A prescriber may not:

(1) Require the purchase of contact lenses from the prescriber or from another person as a condition of providing a copy of a prescription under [paragraph \(a\)\(1\)](#) or [\(a\)\(3\)](#) of this section or as a condition of verification of a prescription under [paragraph \(a\)\(2\)](#) of this section;

(2) Require payment in addition to, or as part of, the fee for an eye examination, fitting, and evaluation as a condition of providing a copy of a prescription under [paragraph \(a\)\(1\)](#) or [\(a\)\(3\)](#) of this section or as a condition of verification of a prescription under [paragraph \(a\)\(2\)](#) of this section; or

(3) Require the patient to sign a waiver or release as a condition of releasing or verifying a prescription under [paragraph \(a\)\(1\)](#), [\(a\)\(2\)](#), or [\(a\)\(3\)](#) of this section.

(c) ***Confirmation of prescription release.***

(1)

(i) Upon completion of a contact lens fitting, the prescriber shall do one of the following:

(A) Request that the patient acknowledge receipt of the contact lens prescription by signing a statement confirming receipt of the contact lens prescription;

(B) Request that the patient sign a prescriber-retained copy of a contact lens prescription that contains a statement confirming receipt of the contact lens prescription;

(C) Request that the patient sign a prescriber-retained copy of the receipt for the examination that contains a statement confirming receipt of the contact lens prescription; or

(D) If a digital copy of the prescription was provided to the patient (via methods including an online portal, electronic mail, or text message) in compliance with [paragraph \(a\)\(1\)](#) of this section, retain evidence that the prescription was sent, received, or made accessible, downloadable, and printable.

(ii) If the prescriber elects to confirm prescription release via [paragraphs \(c\)\(1\)\(i\)\(A\)](#), [\(B\)](#), or [\(C\)](#) of this section, the prescriber may, but is not required to, use the statement, “My eye care professional provided me with a copy of my contact lens prescription at the completion of my contact lens fitting” to satisfy the requirement.

(iii) In the event the patient declines to sign a confirmation requested under [paragraph \(c\)\(1\)\(i\)\(A\)](#), [\(B\)](#), or [\(C\)](#) of this section, the prescriber shall note the patient's refusal on the document and sign it.

(2) A prescriber shall maintain the records or evidence required under [paragraph \(c\)\(1\)](#) of this section for a period of not less than three years. Such records or evidence shall be available for inspection by the Federal Trade Commission, its employees, and its representatives.

(3) [Paragraphs \(c\)\(1\)](#) and [\(c\)\(2\)](#) of this section shall not apply to prescribers who do not have a direct or indirect financial interest in the sale of contact lenses, including, but not limited to, through an association, affiliation, or co-location with a contact lens seller.

#### **§ 315.4 Limits on requiring immediate payment.**

A prescriber may require payment of fees for an eye examination, fitting, and evaluation before the release of a contact lens prescription, but only if the prescriber requires immediate payment in the case of an examination that reveals no requirement for ophthalmic goods. For purposes of the preceding sentence, presentation of proof of insurance coverage for that service shall be deemed to be a payment.

[[69 FR 40508](#), July 2, 2004, as amended at [85 FR 50717](#), Aug. 17, 2020]

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# **Materials for Item No. 8**

**THIRD REVISED PROPOSED REGULATION OF THE  
DIRECTOR OF THE DEPARTMENT OF BUSINESS AND  
INDUSTRY**

**LCB File No. R074-25**

February 23, 2026

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§ 1-21, NRS 232.8413.

A REGULATION relating to professional and occupational licensing boards; defining certain terms relating to the regulation of professional and occupational licensing boards; setting forth certain standards for each board relating to recordkeeping, officers of the board and attendance at board meetings; establishing certain requirements relating to the training of board members; establishing certain standards for the internal controls of a board; establishing certain requirements for the Internet website of a board; establishing certain requirements for a board relating to certain bills during a legislative session; authorizing a board to publish certain information for the public; setting forth certain standards relating to complaints to and investigations by or on behalf of a board; requiring a board to provide certain information to the Office of Nevada Boards, Commissions and Councils Standards within the Department of Business and Industry; providing for the Office to conduct performance evaluations of a board; providing for the Office to issue certain recommendations relating to a board; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law creates the Office of Nevada Boards, Commissions and Councils Standards within the Department of Business and Industry and charges the Office with certain duties relating to the regulation of professional and occupational licensing boards, including: (1) centralized administration; (2) establishing a uniform set of standards for investigations, licensing and discipline, internal controls and legal representation; (3) establishing a consistent set of structural standards for boards and commissions; (4) transparency and consumer protection; and (5) efficacy and efficiency. Existing law requires the Director of the Department to adopt regulations and procedures to administer the responsibilities of the Office. (NRS 232.8413, 232.8415) **Sections 3-10** of this regulation define certain terms relating to the regulation of professional and occupational licensing boards. **Section 2** of this regulation applies these definitions to the provisions of this regulation.

**Section 11** of this regulation establishes certain structural standards for each board to: (1) maintain certain centralized records relating to each seat on the board, the board members filling

those seats, and the terms of the board members serving on the board; and (2) elect or appoint officers of the board. **Section 11** also sets forth certain attendance requirements for board members at meetings.

**Section 12** of this regulation requires: (1) the executive director of each board to notify board members of certain training requirements and when such training is offered; and (2) the board to notify the Office that a board member has successfully completed such training.

**Section 13** of this regulation requires each board to establish certain standards for internal controls including: (1) developing and implementing a budget; (2) maintaining and protecting information in the records of the board in a certain manner; (3) complying and cooperating with all statutory and regulatory reporting and auditing requirements; and (4) taking certain actions to respond to audits that recommend corrective action.

**Section 14** of this regulation requires each board to maintain a publicly accessible Internet website of the board, which includes certain information and meets certain requirements.

**Section 15** of this regulation requires each board to: (1) track bills during a regular or special legislative session which may impact the operations of or licensees regulated by the board; (2) report certain information to the Office relating to such bills; and (3) take certain steps to implement bills which became law.

**Section 16** of this regulation authorizes a board to publish certain materials to inform the public of information relating to the board and licensees of the board.

**Section 17** of this regulation sets forth certain requirements relating to complaints to and investigations conducted by or on behalf of a board. **Section 18** of this regulation requires a board to provide certain quarterly information to the Office relating to complaints, investigations, disciplinary actions, licensees and other board operations.

**Section 19** of this regulation requires a board to submit certain financial information to the Office on a quarterly and annual basis.

**Section 20** of this regulation requires the Office to evaluate the performance of each board using the reports and other information required to be submitted to the Office.

**Section 21** of this regulation provides that if the Office identifies: (1) certain concerns with a board, the Office may provide the board with written recommendations to address such concerns; or (2) certain conduct of a board member that may constitute malfeasance or nonfeasance, the Office may refer the board member to the Governor for possible removal.

**Section 1.** Chapter 232 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 21, inclusive, of this regulation.

**Sec. 2.** *As used in sections 2 to 21, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3 to 10, inclusive, of this regulation have the meanings ascribed to them in those sections.*

Sec. 3. *“Board” means any professional or occupational licensing body, including, without limitation, a board, commission or council, that has been created by the Legislature and which is under the purview of the Office.*

Sec. 4. *“Board member” means a person appointed to serve on a board.*

Sec. 5. *“Disciplinary action” means any final action taken by a board against a licensee, including, without limitation, a public reprimand, probation, a fine, the suspension or revocation of a license or the voluntary surrender of a license in lieu of discipline.*

Sec. 6. *“Executive director” means a person appointed or employed by a board to oversee the daily operations of the board.*

Sec. 7. *“License” means any professional or occupational authorization, including, without limitation, a license, permit, registration or certificate, that is issued by a board.*

Sec. 8. *“Licensee” means any person who holds a license issued by a board.*

Sec. 9. *“Office” means the Office of Nevada Boards, Commissions and Councils Standards within the Department.*

Sec. 10. *“Purview” means administrative oversight.*

Sec. 11. 1. *For the purposes of establishing a consistent set of structural standards pursuant to NRS 232.8415:*

*(a) Each board shall:*

*(1) Maintain a centralized record of:*

*(I) Each seat on the board, including, without limitation, whether the seat is required by statute to represent certain interests or to serve a certain role;*

*(II) Each board member who is filling a seat on the board; and*

*(III) The terms of each board member, including, without limitation, the date on which each term begins and expires.*

*(2) Elect or appoint the officers of the board in accordance with the applicable statutes and regulations governing the board. Except as otherwise provided by specific statute or regulation adopted by the board, the board shall elect the officers of the board on an annual basis.*

*(b) Board members are required to attend and participate in meetings of the board. If, within a 12-month period, a board member has three or more consecutive unexcused absences or has unexcused absences from 50 percent or more of the meetings of the board, the board member has failed to meet this attendance requirement and the board or the Office may submit a recommendation to the Governor for the removal of the board member pursuant to NRS 232A.030.*

*2. As used in this section, “unexcused absence” means an absence that is not:*

*(a) Caused by illness, family emergency or other extenuating circumstance;*

*(b) Approved by the chair of the board; or*

*(c) Otherwise authorized by statute.*

**Sec. 12. 1.** *The executive director of each board shall notify the board members of any training that the board members are required to complete pursuant to NRS 622.200 and when such training will be offered.*

*2. Not more than 30 days after a board member successfully completes any training required pursuant to NRS 622.200, the board shall provide written notice to the Office, in a format prescribed by the Office, confirming that the board member has successfully completed the required training.*

**Sec. 13.** *For the purpose of establishing a uniform set of standards for internal controls pursuant to NRS 232.8415, each board shall:*

- 1. Develop a budget for the board and monitor the implementation of the budget.*
- 2. Maintain any information in the records of the board relating to licensees, finances and complaints in a manner that ensures the information is accurate, complete and verifiable.*
- 3. Protect the confidential and personally identifiable information in the records of the board.*
- 4. Comply and cooperate with all reporting and auditing requirements:*
  - (a) Set forth by any applicable statute or regulation, including, without limitation, the governing statutes of the board and the requirements of title 54 of NRS or NRS 218G.400, 331.110, 333.705, as amended by section 8 of Assembly Bill No. 506, chapter 153, Statutes of Nevada 2025, at page 859, or NRS 622.100, as amended by section 3 of Senate Bill No. 274, chapter 83, Statutes of Nevada 2025, at page 444; or*
  - (b) Established by any state entity authorized to conduct audits or require reports pursuant to any applicable statute or regulation, including, without limitation, the Legislative Auditor or the Budget Division of the Office of Finance,*  
*↳ in a timely and accurate manner and in accordance with any deadline set forth in statute or regulation or established by the applicable state entity.*
- 5. Respond to all audits of the board that are required or authorized by statute or conducted by a state entity that is authorized to conduct audits of the board pursuant to statute. Except as otherwise provided by specific statute, each board shall, not more than 90 days after receiving a final written report of an audit that recommends corrective action:*

*(a) Prepare a written plan for corrective action that addresses all recommendations for the corrective action; and*

*(b) Submit evidence to the auditing entity that the corrective action set forth in the written plan prepared pursuant to paragraph (a) has been taken.*

**Sec. 14. 1.** *Each board shall maintain a publicly accessible Internet website of the board which is accessible to persons with disabilities, including, without limitation, persons who are blind or visually impaired and, in addition to any other information required by statute or regulation of the board, post on the Internet website of the board:*

*(a) A citation and link to the enabling statutes of the board and any regulations adopted by the board, including, without limitation, emergency regulations, temporary regulations and permanent regulations of the board which have been adopted and filed with the Secretary of State pursuant to chapter 233B of NRS but not yet codified in the Nevada Administrative Code.*

*(b) The mission statement of the board.*

*(c) For all current board members:*

*(1) The name of each board member;*

*(2) If the board member was appointed to represent certain interests or serve a certain role that is required by statute, the interests or role which the board member represents or serves; and*

*(3) The dates on which the term of each board member begins and expires.*

*(d) The name and title of the executive director of the board.*

*(e) The contact information for the board, including, without limitation, the electronic mailing address, mailing address, physical address and telephone number for the board.*

*(f) Any upcoming meeting of the board or a subcommittee of the board, which must include, without limitation, the date, time, location, agenda, when available, and any other information required for notice of an upcoming meeting pursuant to NRS 241.020 or 622.340, as applicable.*

*(g) An archive consisting of all agendas and minutes of meetings of the board prepared pursuant to NRS 241.035 for a period of not less than the immediately preceding 5 years. All other agendas and minutes of meetings of the board outside of such 5-year period must be made available upon request in accordance with the provisions of chapter 239 of NRS.*

*(h) Clear instructions for applying for initial licensure, renewing a license and the reinstatement of a license and any applicable deadlines set forth in statute or regulation for applying for, renewing or reinstating a license.*

*(i) A system for verifying licenses, which must be accessible from the homepage of the Internet website with one click and, for each licensee, must include, without limitation, the full name of the licensee, the type and status of the license, the license number, the date of issuance and the date of expiration of the license and a yes-or-no-indication of whether the licensee has any history of disciplinary actions.*

*(j) A system for reviewing the history of disciplinary actions of a licensee, which must:*

- (1) Be accessible from the homepage of the Internet website;*
- (2) Be searchable;*
- (3) Be updated not more than 15 days after any new disciplinary action is finalized;*
- (4) Include, without limitation, the full name of the licensee, the type and status of the license, the license number of the licensee, the type of disciplinary action and the date of the disciplinary action; and*

*(5) Unless otherwise declared confidential by statute or court order, provide access to the final order or settlement agreement for any disciplinary action issued in the immediately preceding 5 years. All other final orders or settlement agreements for any disciplinary action not otherwise declared confidential outside of the immediately preceding 5-year period must be made available upon request in accordance with the provisions of chapter 239 of NRS.*

*(k) Clear instructions on how to file a complaint with the board, accompanied by forms that may be downloaded for filing a complaint or an online system on the Internet website that enables a person to file a complaint electronically.*

*(l) A copy of the most recent quarterly update submitted to the Office pursuant to section 19 of this regulation and a copy of all financial audits or balance sheets filed pursuant to NRS 218G.400 within the immediately preceding 5 years.*

*(m) A copy of any review, evaluation, report or audit of the board conducted or prepared within the immediately preceding 5 years by or on behalf of:*

- (1) The Sunset Committee of the Legislature;*
- (2) The Division of Internal Audits of the Office of Finance;*
- (3) The Fiscal Analysis Division of the Legislative Counsel Bureau; or*
- (4) Any other entity authorized by statute to conduct or prepare a review, evaluation report or audit of the board.*

*(n) A link to the Internet website of the Office which must be accessible from the homepage of the Internet website of the board.*

*(o) Any other report required to be published by statute or submitted annually by the board.*

*(p) Any performance data prepared by the board.*

*2. The Internet website of each board must comply with any applicable regulations, policies, standards and guidelines adopted by the Chief Information Officer of the Governor's Technology Office within the Office of the Governor pursuant to NRS 242.111, as amended by section 19 of Senate Bill No. 467, chapter 513, Statutes of Nevada 2025, at page 3565, and section 15 of Assembly Bill No. 1, chapter 4, Statutes of Nevada 2025, 36th Special Session, at page 42, and NRS 242.115.*

*3. As used in this section:*

*(a) "Emergency regulation" has the meaning ascribed to it in NRS 233B.033.*

*(b) "Performance data" means information or metrics prepared by a board to measure or report on the operations, workload or compliance with the statutory duties of the board, including, without limitation, data or metrics prepared by the board during the ordinary course of business or that is required by statute or regulation.*

*(c) "Permanent regulation" has the meaning ascribed to it in NRS 233B.036.*

*(d) "Temporary regulation" has the meaning ascribed to it in NRS 233B.0385.*

*Sec. 15. 1. During each regular or special legislative session, each board shall track any bills introduced in the Legislature which may impact the operations of or licensees regulated by the board.*

*2. Not later than 60 days after the adjournment of each regular or special legislative session, each board shall submit a report to the Office, in a format prescribed by the Office, identifying, for each bill tracked pursuant to subsection 1:*

*(a) The bills tracked by the board and whether the bills became law;*

*(b) The potential impact of each bill on the operations of or licensees regulated by the board;*

*(c) Any actions required by the board to implement any bills which became law during the legislative session; and*

*(d) The estimated timeline for the board to implement any bills which became law during the legislative session.*

*3. For any bill tracked by the board pursuant to subsection 1 for which a board is required to take action to implement, the board shall:*

*(a) Update the regulations of the board consistent with the bill;*

*(b) Ensure that the bank accounts and the records of the board are consistent with the requirements of the bill; and*

*(c) Notify the Office, in a format prescribed by the Office, once the board has implemented the bill.*

*Sec. 16. To provide outreach and education to the public, each board may publish newsletters, alerts or bulletins to inform the public of the activities of the board, professional standards of and ethical requirements for the licensees regulated by the board, the rights of the public and the procedures for reporting the misconduct of a licensee to the board.*

*Sec. 17. 1. To ensure transparency and access to the public, each board shall make available to any person who wishes to file a complaint with the board a form for filing the complaint or a method to file the complaint electronically.*

*2. When responding to a complaint filed with a board, the board shall comply with all requirements for confidentiality.*

*3. Before initiating an investigation, a board shall determine whether a complaint falls within the jurisdiction of the board.*

*4. For any matter under an investigation conducted by or on behalf of a board, the file of the complaint documenting the investigation must include, without limitation:*

*(a) Any statutory or regulatory deadlines applicable to the investigation and resolution of the complaint by the board;*

*(b) Whether the board met all the deadlines identified pursuant to paragraph (a); and*

*(c) If the board did not meet a deadline identified pursuant to paragraph (a), the reason the board did not meet the deadline.*

*5. For the purposes of subsection 4, the steps of an investigation may include, without limitation, the receipt or acknowledgment of a complaint, the issuance of a notice to a licensee, the determination of reasonable doubt, the filing of a formal complaint, the scheduling of a hearing and the issuance of a final decision by the board.*

*6. Upon the request of the Office and to the extent permitted by law, a board shall provide to the Office any files, documents, data or other information relating to an investigation conducted by the board, including, without limitation, any disciplinary action instituted as a result of an investigation.*

**Sec. 18.** *On or before the 20th day of January, April, July and October, each board shall submit to the Office, in a format prescribed by the Office:*

*1. All information required to be submitted to the Director of the Legislative Counsel Bureau pursuant to NRS 622.100, as amended by section 3 of Senate Bill No. 274, chapter 83, Statutes of Nevada 2025, at page 444. A board may submit a copy of the report submitted to the Director of the Legislative Counsel Bureau pursuant to NRS 622.100, as amended by section 3 of Senate Bill No. 274, chapter 83, Statutes of Nevada 2025, at page 444, to satisfy this requirement.*

*2. A summary of all complaints filed with the board during the immediately preceding calendar quarter, which must include, without limitation:*

*(a) All complaints received, pending and resolved by the board for the calendar quarter; and*

*(b) The number of complaints resolved by the board at each stage of the process for resolving a complaint, consistent with the statutory procedures of the board.*

*3. Any other information requested by the Office that is reasonably related to the administrative, fiscal or investigative operations of the board.*

**Sec. 19. 1.** *All money in the possession of a board must be deposited and used in accordance with any applicable statutes governing the board.*

*2. On or before December 1 of each year, each board shall submit to the Office:*

*(a) A copy of the balance sheet or the report of an audit, as applicable, required to be filed with the Legislative Auditor and the Chief of the Budget Division of the Office of Finance pursuant to NRS 218G.400; and*

*(b) A form, in the format prescribed by the Office, summarizing the information provided pursuant to paragraph (a), which must include, without limitation:*

*(1) The total revenue of the fiscal year;*

*(2) The total expenditures of the board at the end of the fiscal year;*

*(3) The cash balances of the board at the end of the fiscal year;*

*(4) A statement from the board identifying any significant financial or structural concerns identified by the board; and*

*(5) A review of the adequacy of the existing fees which the board is authorized to charge under statute.*

*3. Not later than 30 days after the close of each fiscal quarter, each board shall submit to the Office a quarterly update summarizing the finances of the board for that fiscal quarter, in a format prescribed by the Office, which must include, without limitation:*

- (a) The total revenue of the board at the end of the fiscal quarter;*
- (b) The total expenditures of the board at the end of the fiscal quarter; and*
- (c) The cash balances of the board at the end of the fiscal quarter.*

**Sec. 20.** *1. The Office shall evaluate the performance of each board using the reports and information submitted to the Office pursuant to sections 2 to 21, inclusive, of this regulation to assess the administrative efficiency, internal controls, transparency, responsiveness to the public and compliance with statutory reporting requirements of a board.*

*2. If the Office identifies any issues during a performance evaluation conducted pursuant to subsection 1, the Office shall notify the board in writing and the board shall have 60 days to submit a written response addressing the issues identified by the Office. The Office shall evaluate the written response of the board, if any, before completing the performance evaluation of the board. The Office is not required to modify its findings or conclusions based on the written response of the board.*

*3. After completing a performance evaluation conducted pursuant to subsection 1, the Office may issue written recommendations to a board pursuant to section 21 of this regulation.*

*4. Nothing in this section shall be construed to authorize the Office to direct the financial or operational activities of a board or to require a board to take corrective action beyond what is required by statute.*

**Sec. 21.** *1. If the Office identifies concerns regarding the compliance of a board with the requirements of statute or with the administrative practices, internal controls or reporting*

*compliance of the board, the Office shall provide the board with written recommendations to promote improved performance, administrative consistency or compliance with statutory and regulatory requirements.*

*2. Not more than 60 days after receiving written recommendations provided pursuant to subsection 1, a board shall review such recommendations and provide the Office with a written response describing the actions the board intends to take to address the written recommendations of the Office, if any.*

*3. If the Office identifies any conduct by a board member in the performance of his or her duties that may constitute malfeasance or nonfeasance, including, without limitation, neglect of duty, incompetence or inefficiency, the Office may refer such conduct to the Governor to consider whether the board member should be removed from the board pursuant to NRS 232A.030.*

STATE OF NEVADA

JOE LOMBARDO  
Governor



DR. KRISTOPHER SANCHEZ  
*Director*

PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAEERER  
*Deputy Directors*

ADAM SCHNEIDER  
*Executive Director*

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

Re: R074-25RP3

To Whom It May Concern:

The Nevada State Board of Optometry (“the Board” or “NSBO”) discussed the above-referenced proposed regulation at its most recent open meeting on March 12, 2026 for potential commentary for the upcoming workshop. Please ensure this correspondence is included in the workshop’s meeting materials where appropriate:

1) R074-25RP3 appears to be a series of unfunded mandates, with no consideration for the kinds of stressors these would place on the Board and other similarly situated boards with limited staff and resources. The Board would expect other similarly situated boards to have the same position, and likely have the same concern that additional staff may have to be hired where the boards would have no choice but to pass those costs onto their respective memberships/licenses. This is especially true when the regulation makes no true mention of any technology or online services for the boards to utilize to make it more efficient for all involved. It was the Board’s belief that Boards & Commissions (B&C)’s purpose was to make board regulation less cumbersome and make it more efficient for the boards and in turn the licensees. But the proposed regulation on the whole appears to be the opposite of that purpose. The underlying intent of this regulation appears to be that B&C is under the impression that the boards exist to work for B&C or to make B&C’s functions easier for B&C. But in reality, the boards exist to work for the public to help protect public health and safety, and the general welfare of the people of this State.

2) section 12 regards the Board members having to attend Attorney General training/presentation on auditing and that the Board is required to pay the Attorney General for it. Absent B&C providing in the regulation that the boards could avail themselves to funds available from B&C, this regrettably is an unfunded mandate upon boards with already limited operating capital and staff.

3) section 15 regards the tracking of bills. The scope and breadth of this section ignores how difficult a task this will be for essentially the boards to be all-knowing when it comes to all the bills being proposed which might potentially affect the boards in some manner. The other concern for the Board is that if one bill is somehow missed, then the Board could be seen as non-compliant and run the risk of some kind of admonishment or sanction from B&C.

4) section 18 regards quarterly reports on license issuance and the like. The Board understands there is value to B&C keeping track of licensees being issued across the State. But this section, in addition to those quarterly mandates, requires an otherwise redundant report every two years. This is a microcosm of the concerns with this regulation overall- why are boards having to provide data that is already available on the board's website? Why can't B&C staff obtain the sought data just like any member of the public can with a basic review of the website?

5) section 19 regards budgets and audits being publicly available. This ignores that those are already on the Board's website every June in order to be approved entering the then-upcoming fiscal year. Ala the above, B&C staff can obtain those just like any member of the public can so why are the boards mention to expend already limited time and staff resources on these tasks?

Sincerely,

*/s/ Adam Schneider*

Adam Schneider, Esq.

Executive Director

on behalf of Nevada State Board of Optometry

# **Materials for Item No. 9**

**From:** [Lisa Fennell](#)  
**To:** [Lisa Fennell](#)  
**Subject:** Register Now for ARBO's 2026 Annual Meeting!  
**Date:** Monday, March 23, 2026 9:43:33 AM  
**Attachments:** [Bailey Annual Meeting Graphic.png](#)

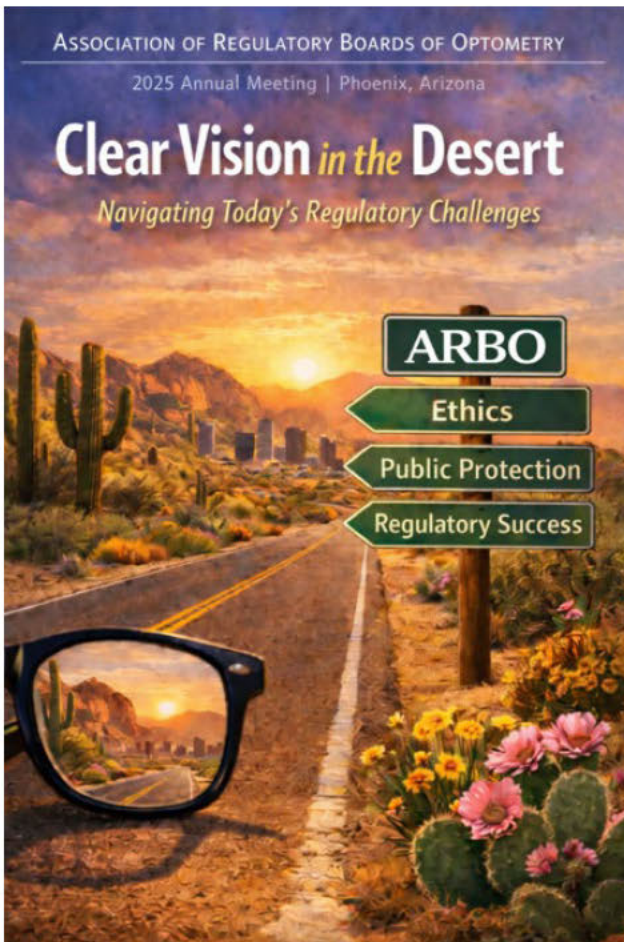
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**External sender** <lfennell@arbo.org>

Make sure you trust this sender before taking any actions.

ARBO Member Board Executives:

Registration is open for ARBO's 2026 Annual Meeting in Phoenix, Arizona. The meeting is taking place June 13-14th, and this year's theme is Clear Vision in the Desert, Navigating Today's Regulatory Challenges. ARBO's annual meeting is a great opportunity to interact with your regulatory colleagues discussing hot topics and shared concerns in the regulatory community. More information can be found on ARBO's website: <https://www.arbo.org/meetings/2026> Please share this with your Board members and encourage them to register for the meeting today.



Regards,  
Lisa

*Lisa Fennell*

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