Materials for Item No. 4

September 25, 2025 Board Meeting Minutes for:

-Regular Meeting

-Notice of Intent to Take Action re R007-25

-Notice of Intent of Take Action re R008-25

-Notice of Workshop

STATE OF NEVADA

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
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
September 25, 2025

1. Call to Order. President Smith opened the live meeting at 12:02p.m.

2. Roll Call and statement of purpose to protect public health and safety and the general welfare of the people of this State. Board members Sally Balecha, Mariah Smith, O.D., Jeffrey Austin, O.D., were present via Zoom. Quorum established. Executive Director Schneider present at Nevada Business Center Tahoe Room 3300 W. Sahara Ave., 4th Floor Las Vegas, Nevada 89102.

3. Public Comment. President Smith invited public comment. No public comment received.

4. Action Item. Consideration and approval of July 31, 2025 Board Meeting Minutes. President Smith confirmed all present Board members had an opportunity to review the draft. Dr. Austin moved to accept as written. Dr. Smith seconded. Motion passed 3-0.

5. Action Item. Possible 2027 Legislative goals. President Smith discussed that this topic was agendized due to NOA approaching her about 2027 legislative goals but she had not thought that far ahead due to 2025 legislative session just ending. Director Schneider directed the Board to the meeting materials that a Licensee wants the Board to pursue legislation for "advanced aesthetic procedures." Director Schneider stated possibly the better place for this pursuit is NOA because this would not be to expand the scope of per se *optometry*, even if ODs incidentally have the training to do so. Director Schneider anticipated thousands of dollars in lobbyist fees not to mention substantial pushback from Cosmetology, Ophthalmology, and/or Dermatology lobbies. There is nothing to prevent an OD from pursuing a cosmetology license in theory. Director Schneider mentioned that while this Board does not adhere to everything that the California Board does, the California Board recently created regulations for radiofrequency specifically limited to dry eye disease/syndrome, not for an aesthetic purpose, or after the optometric purpose of the treatment has been achieved.

President Smith agreed that ODs have the skillset to do so, but is not something that this State Board should pursue at this time. Dr. Austin agreed when the proposal would be for only aesthetic purposes and the interested OD could seek a cosmetology license, and the Board to the extent possible should look to not spending money out of the budget on lobbyist services for the

next legislative session.

Dr. Smith moved for the Executive Director to advise the licensee of the Board's decision and rationale at this time. Dr. Austin seconded. Motion passed 3-0.

6. Action Item. Possible changes to continuing education credits due to AB183(9). Director Schneider reminded the Board that AB183(9) is the new statute which eliminates the OMD supervision requirement in order to obtain OPAC. The OD still has to pass the TMOD and attest they have complied with NRS 636 and NAC 636 in order to obtain OPAC .

The meeting materials include the Board's email to a new OPAC OD and that 30 hours can be applied to their 50 CE hours for license renewals.

The question for the Board is now that those 40 hours of OMD supervision are no longer required, what does the Board want to do about those 30 hours of allocated CEs? One perspective is keeping the 30 hour allocation as-is would still provide incentive for all ODs to obtain OPAC in order to lessen their CE requirement and to practice to full scope. Another perspective is that now that the 40 hour supervision requirement is are gone, so too should the 30 hour continuing education credit. President Smith agreed with the latter. Dr. Austin agreed with Dr. Smith.

Dr. Smith moved to eliminate the 30 hour credit provided to ODs who receive an OPAC. Dr. Austin seconded. Motion passed 3-0.

7. Action Item. Possible budget changes re I.T. security and board personnel wages/pay-outs and executive director authority. Director Schneder stated this was a two item topic impacting the budget.

1. The State government was recently hacked, which begs the question how secure the Board's systems are and what to spend to increase the security. This topic is for the Board's office systems, separate from the Board's website.

Director Schneider explained the meeting materials of the Board's present invoice of $173/month and its features. The Board already spends $2,076 on this level of security. There are two increased security proposals with line-items: 1) $250 set-up plus additional $57 month i.e. $2760/year; or 2) $187 set-up plus additional $20 month i.e. $2316/year. The upside to the former is it is the maximum security offered. The upside to the latter is that it is hundreds of dollars less expensive and clearly more budget-conscious yet still an enhancement.

President Smith commented she did not have a strong position one or another, unless Advantage whom she is familiar with, had a strong advocacy for the more expensive package. Dr. Austin commented about the need to be budget conscious as well but he did not have a good understanding of the listed features given he is not in the I.T. field although a family member of his is. Colloquy as to I.T. security and avoiding what the State experienced recently which would result in the Board not being able to conduct its business. Director Schneider stated that if the less expensive package, he simply needs to be more discerning on what emails he clicks on, and thus far in his tenure there have been attempted hacks but nothing successful with the level of security that the Board has presently.

Dr. Smith moved to purchase the above-listed option #2 and thus increase the security budget by $20/month after the $187 install fee. Dr. Austin seconded. Motion passed 3-0.

2. Director Schneider stated that Board employee Nancy Padilla is now working for another governmental agency, who is now paying her salary and benefits.

The short-term issue is the Board owes her a pay-out as a former employee. The Board's accountant using NRS 284.355 calculates $8,139.90 based upon 5.7 years of service but only approximately $5,700 will come out of the Board's budget due to how payroll and payroll taxes work. Ms. Padilla has agreed to stay on in the interim as an independent contractor, and the amount of hours is the subject of negotiation where Director Schneider increases his responsibilities to keep the business of the Board running. Colloquy on the need for a full-time administrative employee or independent contractor and that the needs change during the course of renewals in Q1 of even-numbered years, and the Board needing administrative work for, e.g., 3 hours per weekday in non-renewal times. Colloquy on the Board's need for two employees because if the Board has only one employee, the Board could not function if that one employee becomes unavailable, inclusive of Dr. Austin stating it was imperative that a new hire be sought in order for the Board to have two personnel at all times.

Dr. Austin moved for Director Schneider in consultation with Dr. Alamo-Leon as the Board's treasurer to be provided with negotiation authority with Ms. Padilla on what works best for her, Director Schneider's needs and the Board's needs, while a search occurs for Ms. Padilla's replacement. Dr. Smith amended the motion to authorize Director Schneider to enter into an independent contractor agreement with Ms. Padilla with parameters that are in the Board's best interests for an amount of hours that Ms. Padilla knows she can accommodate. Dr. Austin accepted the amendment to his motion. Dr. Smith seconded. Motion passed 3-0.

8. Executive Director report re licensing transactions for FY2026. Director Schneider summarized the below.

7/24/2025 – 9/19/2025	**FY2026 cumulative**	**FY2026 licensee fees cumulative**	**Less 3.25% transaction fees**
New licenses: 3	5	1,687.50	1637.07
Licenses by endorsement:4	4	1,800.00	1,746.60
Glaucoma: 1	1	175.00	169.62
OPAC: 6	7	525.00	507.64
Fictitious Name: 16	20	1,000.00	965.00
Location changes: 9	14*	350.00	335.58
Additional locations: 13	16	3,200.00	3102.40
LOGS: 11	15	375.00	359.55
Active to Inactive Status:0	0	0.00	0.00
Mobile: 0	0		
Substitute location: 4	4	800.00	775.60
Refunds: 2	3	700.00	-745.48
Public complaints:7	8		
PRR: 5	5		
2026-2028 CE review: 10	13		
Total	115	$9,912.50	$8,853.58

* (1) application submitted with check. $25 not subject to 3.25% transaction fee.

Director Schneider asked the attendees to submit their CEs early to help alleviate the stress on the Board staff at the time of renewals. President Smith commented that such numbers need only be provided to the Board twice a year. Dr. Austin agreed, notwithstanding something outlandish needing the Board's attention.

9. **Action Item**. **Proposed items for future Board meetings.** Dr. Smith proposed an item on how Board staff can count Continuing Education credits at the time of renewals, be it a selected audit for certain days of submission, or a certain percentage, or certain letters of the licensees' last names. Director Schneider stated this will be agendized for the next meeting on October 30.

10. **Public Comment**. Director Schneider invited public comment. Dr. Ken Kopolow inquired into the upcoming workshop and its scope. Director Schneider responded consistent with the Notice and the associated meeting materials, it was for all NAC 636 regulations, i.e., R066-19, R101-24, R049-25 which is specific to fees, and any new regulations to correspond with AB183 which is the new set of statutes that the Board passed in the 2025 legislative session.

11. **Action Item**. **Adjournment.** President Smith moved to adjourn. Dr. Austin seconded. Adjournment occurred at 12:34p.m.

8 persons attended virtually, inclusive of three Board members. 1 person attended in-person, inclusive of the Executive Director. No role call conducted or sign-in sheets provided.

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FY 2025-2026 Regular meeting schedule

Thursday 9/25/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Thursday 10/30/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Wednesday 12/10/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

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These minutes were considered and approved by majority vote of the Nevada State Board of Optometry at its meeting on October 30, 2025.

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Adam Schneider, Executive Director

STATE OF NEVADA

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NEVADA STATE BOARD OF OPTOMETRY

MINUTES OF
NOTICE OF INTENT TO TAKE ACTION ON REGULATION
R007-25
September 25, 2025

1. **Action Item 1. Roll Call**, **Call to Order**, President Mariah Smith, O.D. opened the live meeting at 12:35p.m.[1]

2. **Public Comment.** Director Schneider invited public comment. No comments provided.

3. **Action Item. Notice of Intent to Take Action Upon Regulation R007-25.** Director Schneider reminded the Board this temporary regulation is being voted on to become permanent. This regulation is a modification of R066-19(8)(4) which then became T001-25A in 2024 and is now R007-25 and will eventually be part of NAC 636. This regulation deals with Continuing Education courses in that the passing score for asynchronous online course testing is 70% to align with national standards and that synchronous online courses qualifies as in-person courses which do not require a test. The Board has no other debate to making the language as-is permanent. Dr. Austin moved to accept as-is. Dr. Smith seconded. Motion passed 3-0.

4. **Action Item**. Dr. Smith moved to adjourn the meeting. Dr. Austin seconded. Motion passed 3-0. Meeting adjourned at 12:36p.m.

8 persons attended remotely, inclusive of three Board members. 1 person attended in-person, inclusive of the Executive Director. No role call conducted or sign-in sheets provided.

These minutes were considered and approved by majority vote of the Nevada State Board of Optometry at its meeting on October 30, 2025.

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Adam Schneider, Executive Director

1 This occurred immediately after the conclusion of the Board's regular meeting on the same day, whose Zoom information and physical location are identical.

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MINUTES OF
NOTICE OF INTENT TO TAKE ACTION ON REGULATION
R008-25
September 25, 2025

1. **Action Item 1. Roll Call**, **Call to Order**, Director Schneider opened the live meeting at 12:37p.m.[1]

2. **Public Comment.** Director Schneider invited public comment. No comments provided.

3. **Action Item. Notice of Intent to Take Action Upon Regulation R008-25.** Director Schneider reminded the Board this temporary regulation is being voted on to become permanent and that what is being voted upon is not the identical version of what the Board approved in the regulation's temporary phase in the summer of 2024. This regulation is a modification of R066-19(12) which then became T002-25A in 2024 and is now R008-25 and will eventually be part of NAC 636. This regulation deals with ODs' business relationships with non-OD entities, where Legislative Counsel Bureau removed perceived redundancies in other parts of NRS 636 or NAC 636 which resulted in R008-25. The Board has no other debate to making the language as-is permanent. Dr. Austin moved to accept as-is. Dr. Smith seconded. Motion passed 3-0.

4. **Action Item**. Dr. Smith moved to adjourn the meeting. Dr. Austin seconded. Motion passed 3-0. Meeting adjourned at 12:39p.m.

8 persons attended remotely, inclusive of three Board members. 1 person attended in-person, inclusive of the Executive Director. No role call conducted or sign-in sheets provided.

These minutes were considered and approved by majority vote of the Nevada State Board of Optometry at its meeting on October 30, 2025.

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Adam Schneider, Executive Director

1 This occurred after immediately after the conclusion of the Board's regular meeting and Notice of Intent to Take Action on Regulation R007-25 on the same day, whose Zoom information and physical location are identical.

STATE OF NEVADA

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MINUTES OF WORKSHOP MEETING
September 25, 2025

1. **Roll Call**, **Call to Order**, Director Schneider opened the live workshop at 12:39p.m.[1]

2. **Workshop.** Director Schneider reiterated the Board's Notice of Workshop that this process is for regulations in NAC 636, and not statutes in NRS 636. Open for discussion are amendments or eliminations of any portion of R066-19 and R101-24, R49-025, and new regulations to correspond to AB183; AB183 being the statutes that got passed in the 2025 legislative session into NRS 636 and will come into effect on October 1, 2025. The first item for workshop will be R49-25, and potentially the need for another workshop if need be.

3. **Public Comment.** Director Schneider noted despite a Newsletter and website posting for any written comments to be received on or by September 18 to allow the Board time to assess in advance, no written comments were received. Director Schneider invited public comments. No comments provided.

4. **Action Item.**

As to R066-19(7)

Director Schneider directed the Board and participants to the meeting materials specific to R049-25 and R066-19(7), noting that NRS 636.143 is the Board's statute on fees and R066-19(7) is the Board's fee schedule regulation and that R066-19(7) necessarily has to be amended in order for the Board to balance its budget and stay solvent into 2027 and 2028.

NRS 636.143(g) puts a maximum on a veteran's initial issuance of a license at $600.

Colloquy as to new licenses being prorated yet License by Endorsement (LBE) being a non-prorated $450 and whether it was coincidence that $450 is exactly 60% of $750 biennial license renewal fee which if $900 is the new biennial license renewal fee then $540 is 60% of $900. This percentage is

1 This occurred immediately after the conclusion of the Board's Notice of Intent to Take Action on Regulation R008-25 on the same day, whose Zoom information and physical location are identical.

irrelevant if the Board wants to keep LBE as a non-prorated amount.

Director Schneider inquired if the Board wants to prorate a license by endorsement, where if so, it would be $67.50 per quarter remaining of the 8-quarter year license cycle if the amount is increased to $540. Dr. Smith acknowledged it would require additional I.T. work in order for the website forms to change every three months but that proration of LBE makes sense to be consistent with the initial license fees being prorated. Dr. Austin stated to keep LBE at a flat rate, but increase the amount to $540. Director Schneider received confirmation that it would include a nonrefundable fee of $75 notwithstanding credit card merchant fees incurred by the Board as stated in the meeting materials. Dr. Austin confirmed. Dr. Smith agreed with Dr. Austin. Colloquy as to what happens if a veteran applies for LBE bearing in mind veteran's initial license is capped at $600. A non-veteran LBE, depending on when the application occurs, provides a discount to the applicant towards the beginning of even numbered years but that non-veteran new license applications provides the discount towards the end of odd numbered years. Agreement that there should be no difference in LBE for veterans as initial licenses for veterans, given under either path the amount is less than the statutory maximum of $600. Director Schneider confirmed with the Board that per previous meetings, the other numbers in R049-25 and in the right-hand column of the materials track to the amounts discussed in prior meetings, i.e., active license renewals will be $900, inactive license renewals will be $550, and inactive license changed to an active license will be $350.

Therefore of the below proposed regulation column,

EXISTING REGULATION	**PROPOSED REGULATION**
R066-19(7) The Board will charge and collect: 1. For an initial application for a license, a nonrefundable fee in the amount of $75 plus $93.75 for each calendar quarter or portion thereof remaining in the biennial licensing period until the renewal date prescribed by NRS 636.265, not to exceed a total of $825. . . . 3. The following nonrefundable fees: (a) Initial application for a license by endorsement.....$450 . . . (e) Biennial renewal of active license with one practice .....$750 (f) Biennial renewal of inactive license...$500 . . . (i) Activation of inactive license.....$250 . . .	**R049-25** The Board will charge and collect: 1. For an initial application for a license **by an applicant who is not a veteran:** (a) A nonrefundable fee in the amount of $75; and (b) A fee in the amount of $93.75 for each calendar quarter or portion thereof remaining in the biennial licensing period until the renewal date prescribed by NRS 636.265. ~~not to exceed a total of $825.~~ **The Board, less any credit card merchant services fees incurred by the Board, will refund the fee paid by an applicant pursuant to this paragraph if the Board does not issue a license to the applicant.** **2. For an initial application for a license by an applicant who is a veteran:** **(a) A nonrefundable fee in the amount of $75; and** **(b) A fee in the amount of $62.50 for each calendar quarter or portion thereof remaining in the biennial licensing period until the renewal date prescribed by NRS**

	636.265. The Board, less any credit card merchant services fees incurred by the Board, will refund the fee paid by an applicant pursuant to this paragraph if the Board does not issue a license to the applicant. **3. For an initial application for a license by any applicant:** **(a) A nonrefundable fee in the amount of $75; and** **(b) A fee in the amount of $465.00 remaining in the biennial licensing period until the renewal date prescribed by NRS 636.265. The Board, less any credit card merchant services fees incurred by the Board will refund the fee paid by an applicant pursuant to this paragraph if the Board does not issue a license to the applicant.** **5. For a certificate to own or operate a mobile optometry clinic:** **(a) A nonrefundable fee in the amount of $75; and** **(b) A fee in the amount of $93.75 for each calendar quarter or portion thereof remaining in the biennial licensing period until the renewal date prescribed by NRS 636.2899. The Board, less any credit card merchant services fees incurred by the Board, will refund the fee paid by an applicant pursuant to this paragraph if the Board does not issue a certificate to the applicant.** 3. The following nonrefundable fees: (a) Initial application for a license by endorsement.....**$540** . . . (e) Biennial renewal of active license with one practice .....**$900** (f) Biennial renewal of inactive license....**$550** . . . (i) Activation of inactive license.....**$350**

As to AB183

Director Schneider directed the Board to the meeting materials specific to AB183, and some which necessarily need to occur to make the regulation consistent with the statute and some which would be beneficial to the Board but potentially unnecessary.

As to AB183(3), Director Schneider discussed due process owed to the licensees in the event of a summary suspension and that AB183(3) was derived from NRS 633's Board of Osteopathic Medicine and the below proposed regulation is derived from NAC 633.

As to AB183(9), Director Schneider referred back to the regular meeting conducted earlier in the hour and the elimination of the OMD 40 hour preceptorship requirement. The proposed regulation in the meeting materials tracks to that new change.

As to AB183(10), Director Schneider reminded the Board that new statute expands the statute so that any OMD licensed in Nevada or other State or U.S. territory, and not just a Nevada-licensed OMD, can be the attesting OMD for glaucoma certification. The proposed regulation in the meeting materials tracks to that new change. Agreement as to the below right-side column be made into regulation.

STATUTE	PROPOSED REGULATION
AB183(3) 1. If, after an investigation by the Board or an investigative committee convened by the Board, the Board reasonably determines that the health, safety or welfare of the public or any patient served by a licensee is at risk of imminent or continued harm because of the manner in which the licensee practices optometry, including, without limitation, optometric telemedicine, the Board may summarily suspend the license of the licensee pending a determination upon the conclusion of a hearing to consider a formal complaint against the licensee. An order of summary suspension may be issued only by the Board, the President of the Board, the presiding officer of an investigative committee convened by the Board to conduct the investigation or the member of the Board who conducted the investigation. 2. If an order to summarily suspend the license of a licensee is issued pursuant to subsection 1 by the President of the Board, the presiding officer of an investigative committee of the Board or a member of the Board, that person shall not participate in any further proceedings of the Board relating to the order.	**Summary suspension of license by Board.** 1. If the Board summarily suspends the license of the licensee pursuant to AB183(3), the Board will issue such an order if it determines that: (a) The licensee has violated a provision of this chapter or chapter 636 of NRS; (b) The summary suspension of the license is necessary to prevent a further violation of this chapter or chapter 636 of NRS; and (c) The public health, safety or general welfare imperatively requires the summary suspension of the license. 3. An order summarily suspending a license: (a) Must: (1) Comply with the applicable provisions of NRS 233B.127; and (2) Set forth the grounds upon which the order is issued, including a statement of facts; (b) Is effective upon service on the licensee of the order and complaint; and (c) Notwithstanding the time frames stated in AB183(3)(3), remains in effect until the Board: (1) Modifies or rescinds the order; or

3. If the Board, the President of the Board, the presiding officer of an investigative committee of the Board or a member of the Board issues an order summarily suspending the license of a licensee, the Board shall hold a hearing not later than 60 days after the date on which the order is issued, unless the Board and the licensee mutually agree to a longer period, to determine whether a reasonable basis exists to continue the suspension of the license pending the conclusion of a hearing to consider a formal complaint against the licensee. If no formal complaint against the licensee is pending before the Board on the date on which a hearing is held pursuant to this section, the Board must reinstate the license of the licensee.	(2) Issues its final order or decision on the underlying complaint.
AB183(9) NRS 636.287 is hereby amended to read as follows: 636.287 The Board shall adopt regulations which prescribe the requirements for certification to administer and prescribe pharmaceutical agents pursuant to NRS 636.288. The requirements must include: 1. A license to practice optometry in this State; and 2. The successful completion of the "Treatment and Management of Ocular Disease Examination" administered by the National Board of Examiners in Optometry or an equivalent examination approved by the Board ~~. [; and~~ ~~3. The successful completion of not fewer than 40 hours of clinical training in administering and prescribing pharmaceutical agents in a training program which is conducted by an ophthalmologist and approved by the Board.]~~	**NAC 636.730 Certification to administer and prescribe therapeutic pharmaceutical agents. (**NRS 636.125**,** 636.287**)** 1. The Board shall provide a certificate to administer and prescribe pharmaceutical agents to each optometrist who: (a) Is licensed to practice optometry in the State of Nevada and is in good standing. (b) Has successfully completed the Treatment and Management of Ocular Disease Examination administered by the National Board of Examiners in Optometry, or its successor organization. The Board must receive verification that the person successfully completed the examination from the testing agency. ~~(c) Submits a form which meets the requirements set forth in subsection 2 and which states that the optometrist successfully completed a training program of not less than 40 hours of clinical training in administering and prescribing pharmaceutical agents which was:~~ ~~(1) Conducted by an ophthalmologist who is licensed and in good standing in any state, territory or possession of the United States; and~~ ~~(2) Comprehensive in nature and covered the use of all classes of pharmaceutical agents which may be administered or prescribed pursuant to chapter 636 of NRS.~~ ~~2. Upon completion by an optometrist of~~

	~~a training program which meets the requirements of paragraph (c) of subsection 1, the ophthalmologist who conducted the program shall, on a form provided by the Executive Director of the Board, certify under penalty of perjury that the optometrist named on the form satisfactorily completed the training program.~~ On a separate form provided by the Executive Director, the named optometrist shall certify under penalty of perjury that he or she ~~completed the training program and~~ satisfies all of the ~~other~~ requirements for certification to administer and prescribe pharmaceutical agents. ~~The certifying signatures of the ophthalmologist and optometrist must be notarized.~~ ~~3. The forms provided by the Executive Director of the Board pursuant to subsection 2 must:~~ ~~(a) Set forth the requirements for the training program described in this section;~~ ~~(b) Contain the certifications for the ophthalmologist or optometrist, as applicable, which are required by this section; and~~ ~~(c) Provide space and appropriate designations for the notarization of the signatures of the ophthalmologist or optometrist, as applicable.~~
AB183(10) NRS 636.2893 is hereby amended to read as follows: 636.2893 The Board shall adopt regulations that prescribe the requirements for the issuance of a certificate to treat persons diagnosed with glaucoma pursuant to NRS 636.2895. The requirements must include, without limitation: . . . 3. Proof that each optometrist who applies for a certificate has treated at least 15 persons who were: (a) Diagnosed with glaucoma by an ophthalmologist licensed in this State***, the District of Columbia or any other state or territory of the United States;*** and (b) Treated by the optometrist, in consultation with that ophthalmologist, for at least 12	**NAC 636.280 Requirements for certification.** . . . 4. Shall submit proof on a written form provided by the Executive Director of the Board that the optometrist has treated at least 15 persons described in subsection 3 of NRS 636.2893. The form must include: . . . (c) A statement that the optometrist has, in consultation with an ophthalmologist licensed in the State of Nevada, ***the District of Columbia or any other state or territory of the United States,*** treated the patients in accordance with the provisions of this chapter and chapter 636 of NRS.

consecutive months; and 4. A certificate to administer and prescribe pharmaceutical agents issued pursuant to NRS 636.288.	

As to existing NRS 636

Director Schneider directed the Board to the meeting materials specific to already-existing statutes codified within NRS 636.

As to NRS 636.300, Director Schneider discussed a proposed regulation as an extension of the HMO exception to NRS 636.347. The Board's regulations (post hoc identified as NAC 636.210(1)(c)) has been amended to allow for licensees to practice for a mobile optometry clinic certified by the Board (post identified as R066-19(29)). The clinic can be OD-operated or a non-profit entity or governmental agency. Under either ownership model, that clinic/owner necessarily has to attest that it will limit its activities to "medically underserved populations" (post hoc identified as defined in R066-19(2)). Regardless if OD-operated or not, the licensee then submits a quarterly log for those days providing mobile clinic services. Moreover that R066-19(6)(2) recognizes the distinction between OD-operated versus non-OD-operated relative to patient records (post hoc stated here as "If a licensee provides services for a mobile optometry clinic that is not operated by the licensee, the records of the patients whom the licensee treats shall be deemed to be the records of the licensee and are not the records of the mobile optometry clinic.") NRS 636.300(2) says it is unprofessional for a licensee to accept employment directly or indirectly from a person not licensed to practice optometry in Nevada unless for an HMO (post hoc identified as defined in NRS 695C.030) per NRS 636.347. And yet licensees are allowed to practice for a non-OD-operated mobile clinics providing services to the medically underserved. Dr. Austin commented that expanding the scope of this regulation could be fraught with problems, that the Board loses jurisdiction when it is the entity dictating to the licensee what to do, and no need to create this regulation. Dr. Smith agreed and sate

As to NRS 636.325, Director Schneider discussed a potential need for a regulation for how the Board imposes disciplinary action or sanctions upon a licensee and that the proposed regulation provides the Board with considerations including mitigating factors and are based upon the Nevada Supreme Court Rules for attorney discipline which lend credibility to acceptable by the Legislative Counsel Bureau. The rationale is that incorporation into NAC 636 would help make the Board's decision-making stronger on appeal and avoid any arbitrary and capricious arguments that potentially were or could have been made in the last Petition for Judicial Review that the Board had to defend. Dr. Austin agreed it is worthwhile, especially that the factors include potential mitigating factors. Dr. Smith stated trust in Director Schneider's analysis given his professional background and agreed with Dr. Austin.

NRS 636.300 Unethical or unprofessional conduct: Improper association or use of prescription blanks. The following acts, among others, constitute unethical or unprofessional conduct: 1. Association as an optometrist with any person, firm or corporation violating this chapter.	**NAC 636.XXX** Nothing in this section shall be construed to be unethical or unprofessional conduct for a licensee to comply with NRS 636.2899 inclusive of any mobile optometry clinic owned by any non-licensee.

2. Accepting employment, directly or indirectly, from a person not licensed to practice optometry in this State to assist the person in such practice or enabling the person to engage therein, except as authorized in NRS 636.347.	
NRS 636.325 Authorized disciplinary action; private reprimands prohibited; orders imposing discipline deemed public records. 1. If the Board finds by a preponderance of the evidence that a person has engaged in one or more grounds for disciplinary action set forth in NRS 636.295, it may take any one or more of the following actions: . . . 3. An order that imposes discipline and the findings of fact and conclusions of law supporting that order are public records.	**Factors to be considered in imposing disciplinary action or sanctions.** 1. In imposing disciplinary action or sanctions, the Board shall consider the following factors: (a) Whether the licensee has violated a duty owed to a patient, to the public, to the legal system, or to the profession; (b) Whether the licensee acted intentionally, knowingly, or negligently; (c) The amount of the actual or potential injury caused by the licensee's misconduct; and (d) The existence of any aggravating or mitigating factors. 2. Using the first three factors in section 1(a)-(c), the Board shall determine a baseline or presumptive sanction. The Board may then consider any aggravating or mitigating factors to increase or decrease the sanction. 3. Aggravating circumstances are any considerations or factors that may justify an increase in the degree of discipline to be imposed. The following list of examples is illustrative and is not exclusive: (a) Prior disciplinary offenses; (b) Dishonest or selfish motive; (c) A pattern of misconduct; (d) Multiple offenses; (e) Bad faith obstruction of the disciplinary proceeding by intentionally failing to comply with rules or orders; (f) Submission of false evidence, false statements, or other deceptive practices during the disciplinary hearing; (g) Refusal to acknowledge the wrongful nature of conduct; (h) Vulnerability of victim; (i) Substantial experience in the practice of optometry;

	(j) Indifference to making restitution; (k) Illegal conduct, including that involving the use of controlled substances. 4. Mitigating circumstances are any considerations or factors that may justify a reduction in the degree of discipline to be imposed. The following list of examples is illustrative and is not exclusive: (a) Absence of a prior disciplinary record; (b) Absence of a dishonest or selfish motive; (c) Personal or emotional problems; (d) Timely good faith effort to make restitution or to rectify consequences of misconduct; (e) Full and free disclosure to disciplinary authority or cooperative attitude toward proceeding; (f) Inexperience in the practice of optometry; (g) Character or reputation; (h) Physical disability; (i) Mental disability or chemical dependency including alcoholism or drug abuse when: (1) There is medical evidence that the licensee is affected by chemical dependency or a mental disability; (2) The chemical dependency or mental disability caused the misconduct; (3) The licensee's recovery from the chemical dependency or mental disability is demonstrated by a meaningful and sustained period of successful rehabilitation; and (4) The recovery arrested the misconduct and recurrence of that misconduct is unlikely; (j) Delay in disciplinary proceedings; (k) Interim rehabilitation; (l) Imposition of other penalties or sanctions; (m) Remorse; (n) Remoteness of prior offenses. 5. Factors that should not be considered as either aggravating or mitigating include: (a) Forced or compelled restitution; (b) Agreeing to a client's demand for improper behavior; (c) Withdrawal of public complaint against the licensee;

	(d) Resignation prior to completion of disciplinary proceedings; (e) Complainant's or aggrieved patient's recommendation as to sanction; (f) Failure of complainant or aggrieved patient to complain.

5. Public Comment. Director Schneider invited public comments. Dr. Ken Kopolow noted he did not attend all of the regular meeting and perhaps his question was already addressed as to quorum requirements when Dr. Alamo was not present and he did not hear the public member participate, but that he appreciated Drs. Smith and Austin's insight as always. Public Member Balecha commented she has been in attendance since the beginning of the regular meeting on Zoom. Director Schneider let the record reflect that Public Member Balecha's name, screen, and phone number were shown as active on Zoom for the entirety of all the meetings.

6. Action Item. Dr. Smith moved to adjourn the meeting. Public Member Balecha seconded. Motion passed 3-0. Meeting adjourned at 1:02p.m.

8 persons attended, inclusive of three Board members. 1 person attended in-person, inclusive of the Executive Director. No role call conducted or sign-in sheets provided.

These minutes were considered and approved by majority vote of the Nevada State Board of Optometry at its meeting on October 30, 2025.

_____
Adam Schneider, Executive Director

Materials for Item No. 5

-Complaint 26-01 inquiry letter (redacted)

-Complaint 26-01 medical records (redacted)

-Complaint 26-01 licensee response (redacted)

-Complaint 26-01 manager response (redacted)

STATE OF NEVADA

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

ADAM SCHNEIDER
Executive Director

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

August 11, 2025

[Licensee 1 name]
[Licensee 1 address]
[City], NV [zipcode]
[licensee email address]
via email only

Re: NSBO Complaint# 26-01
Patient: [Complainant name]

Dear Dr. [Licensee 1]-

Enclosed herewith, 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.

The complaint alleges that on July 7, 2025 at or about 1:01pm:

> I called [Entity 1] to order glasses. A Hispanic male answered the phone. I asked what does he need to look up my information. He said hold on. He then said that I was trespassing and could not come back. I said why or what is the reason. He put me on hold again, then got on the phone and said I was rude then hung up on me. So I called back, and asked if he could please send me release to my email. He said "I'm not giving nothing" and continued to provoke me with fighting words, and asking if I was outside when I calling from my home. He said provoking words that got me mad.

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 is due on or by the close of business **September 11, 2025**. **Because this matter may be presented to the Board in a double blind manner, refer to yourself as "Licensee 1," your practice/fictitious business name as "Entity 1" and the patient as "Complainant."**

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

August 15, 2025

Dear Members of the Board of Optometry,

I had to talk to my manager who handled this phone call from the Complainant to get the details of the interaction. My manager has written a statement regarding this interaction if the Board needs it.

As evident in the medical records, Complainant came in for an eye exam and contact lens fitting on 9/25/24 with the chief complaint of a burning and painful left eye. Licensee 1 found infiltrative keratitis OS, without refraction performed, and referred Complainant to an ophthalmologist who is a provider for Complainant's medical insurance to be treated. Since Entity 1 was not a provider for Complainant's medical insurance, not only was the visit that day cut short but Entity 1 did not charge the Complainant for services that day. The complainant was instructed to return again to continue the exam for contact lenses once the corneal problem resolved.

The ophthalmologist who treated the Complainant confirmed the diagnosis of keratitis and treated the Complainant with Loteprednol. The Complainant returned to Entity 1 on 11/5/24 to continue the exam but seemed upset that Loteprednol had to be purchased and thought there was a misdiagnosis and lack of competency on the part of Licensee 1 according to the technician who performed pretesting, that Licensee 1 wasted the Complainant's time and money. Also a staff at Entity 1 had quoted a fee for contact lens fitting to the Complainant that day and the Complainant did not want to pay that fee and walked out. The Complainant did not see Licensee 1 that day for an eye exam and therefore no fees were charged to the Complainant. Consequently, Licensee 1 believed that it is in the best interest of the practice not to see Complainant as a patient nor render any additional services in the future because Complainant had a problem with the clinical judgement of Licensee 1 and did not agree with the fee schedule of Entity 1. Notations were made on the chart of the Complainant for all the staff to abide by.

Since 11/15/24, the Complainant does not have a prescription for glasses or contact lenses from Entity 1 because neither Licensee 1 nor any other optometrist who was working at Entity 1 had ever prescribed glasses or contact lenses for the Complainant. In addition, the Complainant did not bring in an outside prescription from another practice in order to order glasses or contact lenses from Entity 1. When the manager of Entity 1 answered the phone, the manager had to look up the Complainant's records on Examwriter and Officemate so the Complainant was told to hold on. When the manager got back on the phone after reading the notes, the manager kindly told the Complainant that Entity 1 can no longer serve the Complainant because of the clinical notes from Licensee 1. All of this infuriated the Complainant so Complainant started swearing and threatening the manager. So the manager hung up the phone. Then the Complainant called back again demanding the Complainant's glasses prescription. The manager told the Complainant there is no prescription and reminded the Complainant that Licensee 1 had done a referral and never had the chance to finish the exam because

Complainant was rude on his second visit. Again the Complainant became very angry and proceeded to swear and threaten the manager again. The Complainant also said the Complainant was in the parking lot and was going to hurt the manager and therefore Complainant became trespassing if Complainant would show up on the premises.

There are no invoices to show the Board because there were no charges to the Complainant's account.

If the Complainant wanted a copy of the referral record for 9/25/24, the manager would have printed it out for the Complainant. But the Complainant did not mention records, only the prescription of which there was none.

To whom it may concern:

On 9/25/2024 complainant was seen at our office for a routine eye health examination and contact Lense fitting. After seeing complainant, licensee 1 determined that complainant needed to be referred to a specialist for contact Lense related inflammation, keratitis. Licensee 1 advised complainant that once complainant had seen the specialist and was approved for a contact Lense fitting, that licensee 1 would continue with complainant's contact Lense fitting at our office. complainant came back to our office to continue their examination. During pretesting, complainant complained that licensee 1 was "incompetent" and that licensee 1 misdiagnosed complainant and wasted complainant's time and money. Complainant became irate and started being disruptive to the office. We asked the complainant to leave. Complainant was never charged or billed for any services. complainant called the office on or about 7-7-25. Manager 1 answered the phone and spoke with complainant. Complainant asked if they could come in and get glasses. Upon pulling up complainant's chart, manager 1 seen that complainant had been trespassed. Manager 1 put complainant on hold and read the notes. Manager 1 kindly told complainant that they were no longer allowed in our office due to complainant's previous behavior and mistrust of licensee 1. complainant started swearing and threatening manager 1. Manager 1 hung up the phone. Complainant preceded to call back and demanded we give complainant their glasses prescription. Manager 1 reminded complainant that there was no prescription for glasses or contact lenses because licensee 1 referred complainant and never finished complainant's exam. complainant became very angry and preceded to again, swear and threaten manager 1. Complainant stated they were in the parking lot and was going to hurt manager 1. Manager 1 hung up again. This was the last interaction manager 1 had with complainant.

EXAMINATION RECORD

[Entity 1 name]

[Entity 1 address]
[City], NV [zipcode]
[Phone number] [Fax number]

For: [Complainant name]

Exam Date: 11/05/2024
Print Date: 08/11/2025 3:58 pm
DOB: [Complaint DOB] **Age:** 44
Occupation: NONE
Gender: Male **Race:** Unknown

REASON FOR VISIT

EXAMINATION: Adult eye health and vision examination.
EXAM TECHNICIAN: Freitas, Sy
SPECIAL CIRCUMSTANCES: RTC. pt continuing exam from. 9/25. Pt seems upset that he had to purchase eye drops and thinks that he was misdiagnosed.
OCCUPATION: NONE
NOTES: Pt was seen for a free visit last time because we do not take his medical insurance and he has a contact lens related infection, keratitis, which needed medical attention before we can do a vision exam for glasses or contacts. [Licensee 1] did not prescribe any meds because [Licensee 1] referred pt to ECA who are providers for his medical insurance to do the prescribing. They prescribed him Loteprednol which he complained to us that [Licensee 1] misdiagnosed him and had him spend money on expensive drops when it was ECA who saw him and did the prescribing. Pt was quoted a fee for contact lens fitting and complained of why he had to pay to put contact lenses on his eyes. Pt walked out. We wilt not see pt here for any services. Date-time: 11/05/2024 12:13:52 PM By: [Licensee 1]

CHIEF COMPLAINT
CHIEF COMPLAINT: Continuing eye exam and CL fitting.

PATIENT HISTORY

OCULAR HISTORY: No ocular history exists except: soccer accident at age 6 resulting in loss of central vision OD.
MEDICAL HISTORY: No pertinent past medical history exists.
SYSTEMIC FAMILY HISTORY: No systemic family history exists except: diabetes mother, father, maternal grandmother, maternal grandfather, paternal grandmother, paternal grandfather, high blood pressure maternal grandmother.
OCULAR SURGICAL HISTORY: No pertinent past ocular surgical history exists.
OCULAR MEDICATIONS: No ocular medications are currently used except: Prednisolone Acetate
SYSTEMIC MEDICATIONS: No systemic medications are currently used except: No known systemic medication allergies.
THERAPEUTIC SIDE-EFFECTS: No out-of-the-ordinary symptoms are experienced.

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 known drug allergy or sensitivities.
CARDIOVASCULAR: No known cardiovascular condition.
CONSTITUTIONAL: No known constitutional problems.
ENDOCRINE: No known endocrine condition.
GASTROINTESTINAL: No known gastrointestinal conditions.
GENITOURINARY: No known genitourinary conditions.
HEAD: No known conditions or problems.
HEMATOLOGIC/LYMPHATIC: No known hematological or lymphatic condition.
IMMUNOLOGIC: No known immunological condition.
INTEGUMENTARY: No known skin condition.
MUSCULOSKELETAL: No known musculoskeletal condition.
NEUROLOGICAL: headaches, head injury
PSYCHIATRIC: Patient fully alert to time, place and person.

RESPIRATORY: shortness of breath
REVIEWED ROS: I have reviewed this patient's ROS encounter form.

VISION

K·READINGS:

RT: 42.50 @ 20 Steep 44.00 @ 110
LT: 42.25@ 175 Steep 42.75@085

AUTO REFRACTION:

RT: -3.75 -1.25 x 30
LT: -4.50 -0.50 x 5

EXAMINATION

LT: 22 mmHg Test: Non-Contact Time: 10:24 Category: Pre-Test

TONOMETRY: RT: 21 mmHg

PATIENT MANAGEMENT

ELECTRONIC SIGNATURE: Electronically Signed By: [Licensee 1] on 11/05/2024 12:14 PM.

DIAGNOSIS:

111.11 No Diagnosis

PROCEDURE:

11111No Procedure

Completed Exam: [Licensee 1 signature] Date: 11/05/2024

Materials for Item No. 6

-Complaint 26-02 inquiry letter (redacted)

-Complaint 26-02 licensee response (redacted)

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

August 18, 2025

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

Re: NSBO Complaint# 26-02
Patient: [Complainant]

Dr. [Licensee 1]:

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] located at [Address] on August 9, 2025:

> I arrived at the location with a potential eye infection because the posted signage clearly stated that "walk-ins are accepted." Upon arrival, I requested to be seen by the doctor. The front desk employee Shawn, refused to even check with the doctor to see if I could be accommodated and, laughing, stated very loudly, "You cannot do that, you can't just walk in here and talk to the doctor."
>
> When I chose to sit and wait quietly, the front desk employee began yelling in front of other patients and repeatedly asked me in a confrontational tone, "Are you just going to sit there?" This public confrontation was humiliating and unprofessional.
>
> As I got up to leave, the employee continued to yell remarks toward me and laughed as I walked out the door. This behavior was hostile, degrading, and entirely inappropriate for a healthcare setting.
>
> I left without receiving care, which delayed treatment for my eye infection.

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 is due on or by the close of business **September 11, 2025**. 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

Re: NSBO Complaint# 26-02

Patient: [Name]

This is [Licensee 1] (Licensee 1 NV License #) and will herein be referred to as Licensee 1 responding on behalf of [Location 1] and will herein be referred to as Location 1. Patient [initials] will be referred to as Complainant. I would like to make an amendment to the above referenced NSBO Complaint. The associate doctor on duty on the day of the incident on August 9, 2025 was myself, [Licensee 1].

These are the facts as recollected by Licensee 1 and the staff employee of Location 1:

Complainant called the office on August 9, 2025 around the office's lunchtime, and explained that her eyelids were swollen and itchy. Staff employee of Location 1 explained that we were fully booked and would not be able to see her in a timely manner. At this point, staff employee suggested that if this was an emergency, she would be better serviced in a timely manner at an Urgent Care or different provider. Complainant demands to be seen stating that our sign says that "walk ins are accepted." Staff employee clarifies to the Complainant that our "walk ins are welcome" sign is based on availability. Complainant insists to the staff employee that she will "make us see her."

At the conclusion of this phone encounter, Licensee 1 is immediately informed by staff employee that there is a patient complaining of swollen and itchy eyelids that is demanding to be seen. Licensee 1 is told by staff employee that he offered the Complainant a different day for the visit and also given the suggestion of an Urgent Care visit. Licensee 1, already knowing that she was fully booked, instructed staff employee that if Complainant arrives, she will see the Complainant. Staff employee acknowledged these instructions and replied that he will see how the flow of the schedule is.

Complainant presents to the office around 2:30pm, wearing sunglasses and a hat. She did not seem to be in any visible distress. However, she was confrontational and difficult to work with, as she was earlier on the phone. Complainant again demands to be seen and would like to be seen now. At the time of the Complainant's arrival, Licensee 1 is already seeing a patient, with 3 other patients waiting to be seen. Once again staff employee of Licensee 1 informs her that we are fully booked and would not be able to see her in a timely manner. Urgent Care or a different provider was again suggested if she wanted to be seen in a more timely manner. Complainant states I will sit and wait and staff employee does not ask her to leave at this point. However, Complainant continues to demand to be seen by the doctor now and staff member of Licensee 1 responds that she cannot be seen out of order.

Complainant at this point makes a phone call to an unknown 3rd party while she is sitting in the waiting area. With other patients in the area, she loudly disparages and verbally attacks staff member on the phone with other patients in the waiting area within earshot. Complainant was not quietly waiting as she described in her complaint. Only at this point does staff member ask once, "Will you be sitting there for a while?" Complainant then pulls out her phone and says, "You are now harassing me and I will videotape you." Staff employee of Licensee 1 is now visibly shaken, unsure of what to do next, perhaps an awkward smile at best, and continues to sit silently while Complainant continues the verbal attacks.

Complainant eventually realizes that she would not be seen in the immediate time frame that she desired when she sees the patients in queue taken back for pretesting by the technician. She eventually storms out of the office with one final exchange of words with staff employee:

Complainant exclaims, “How come you didn’t tell me sooner it would take this long?” Staff member, “I tried to but….”
Complainant interjects, “Why are you still talking to me?” and finally proceeds to leave.

Licensee 1 is consecutively seeing patients for the remainder of the afternoon until closing and did not encounter the Complainant. Staff employee is also busy checking patients in and out, answering calls, etc. until the end of the day. Once the final patient has left, Licensee 1 asks the staff member for an update regarding the Complainant and is informed of the events that had occurred in the office.

These are the facts as best recollected by Licensee 1 and staff member of Location 1. As Licensee 1 and Location 1, we would like to conclude this formal response to the above complaint with a few words of our own. At no point was there an abandonment of care. Complainant would eventually have been seen, but perhaps with an extended wait time. If wait time was unsatisfactory, alternative options for care were given to the Complainant. Proper triage was exercised and complainant’s chief complaint did not warrant her visit to supercede scheduled patients.

At the risk of adding too much color to the above statements, we would also like to remark that staff member has been with Location 1 for almost five years. He is the epitome of quiet professionalism and empathy to all of our patients. He has never received a bad review from a patient nor has ever required any additional corrective behavior training from Location 1 or its associate doctors or managers. He sat there receiving verbal attacks from the Complainant. We do not believe there was anything he could have said to diffuse or de-escalate the situation and take issue with his name being defamed by Complainant. As much as we would rather not involve other parties, there were other patients that were in the waiting area that could be called to corroborate staff member’s recollection of the events.

Patient care has always been top priority for Licensee 1 and Location 1. Furthermore, Licensee 1 has been practicing for more than a decade and has never received any disciplinary action against her license. She goes above and beyond for her patients. She wholeheartedly cares for each patient and has received only positive reviews for her professionalism, exceptional character, and integrity.

We look forward to the State Board’s investigation and resolution of this complaint. Please do not hesitate to reach out if you have any further questions or clarifications. Thank you for your time.

Best,

Licensee 1

[Licensee 1 name and signature] August 19, 2025
Date

I, [Location 1 O.D. owner and NV License #] have read this formal response and am in agreement with this testimony.

[Location 1 O.D. owner signature] August 19, 2025
Date

Materials for Item No. 7

-Complaint 26-03 inquiry letter (redacted)

-Complaint 26-03 licensee medical records (redacted)

-Complaint 26-03 licensee Optos images

-Complaint 26-03 Anterior Seg OMD medical records (redacted)

-Complaint 26-03 Retina OMD 1 medical records (redacted)

-Complaint 26-03 Retina OMD 2 medical records (redacted)

-Complaint 26-03 licensee response (redacted)

STATE OF NEVADA

JOE LOMBARDO
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Director

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Deputy Directors

ADAM SCHNEIDER
Executive Director

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

October 5, 2025

[Licensee 1]
[Licensee 1 email address]
via email only

Re: NSBO Complaint# 26-03
Patient: [Patient name]

Dear Dr. [Licensee 1]:

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:

> From June 8, 2021 to February 5, 2024, the patient was a patient of your practice group doing business on [Licensee Entity 1 address].
>
> From June 8, 2021 to November 9, 2022 the patient presented to your practice for cataract referral and cataract post-operative co-management OU with no significant findings other than posterior vitreous detachment (PVD).
>
> On January 3, 2024, the patient presented to you with complaints of floaters OU, present for three months. "Patient states that after he had cataracts surgery he developed floaters his OD shortly after. Recently his OS began having a blobs in it. They move around in his OU." OU fundus photos normal for vitreous, optic nerve, vessels, macula, and periphery. Impression PVD OU. Counseling provided on PVD inclusive that they may accompany retinal tear, retinal holes, or retinal detachments so a dilated retinal examination is important. Plan was next visit retina in one month. No VAs recorded. No DFE recorded.
>
> On February 5, 2024, the patient presented to your practice and you for a follow-up. Dilated exam of the optic discs OU. Retina examination of the vitreous showed Weiss' ring OU. Macula normal OU. Periphery normal without retinal tears OU. Fundus photos OU normal for vitreous, optic nerve, vessels, macula, and periphery. Referral to same 2021 anterior seg OMD. No VAs recorded. No DFE recorded. No explanation or urgency for referral recorded.

You referred the patient to [Anterior Seg OMD 1] of [Anterior Seg Entity 1]. The referral was inappropriate because [Anterior Seg OMD 1] is a cataract/cornea ophthalmologist and not a retina ophthalmologist.

On or about March 7, 2024, the patient presented to [Anterior Seg OMD 1] as referred from your practice for PVD evaluation. [Anterior Seg OMD 1] notes approximately 4-5 months ago patient developed flashes and floaters with cobweb like appearance in OS and cannot see anything out of the OS except for a few lines, with floaters in OD. OS hand motion only.

[Anterior Seg OMD 1] performed DFE noting PVD, macular region- inferior ERM, no thickening, and no edema OD. As to the OS fundus examination, PVD, 2-3+ pigment, macular region- detached, 3+ PDR, periphery- inferior nasal horseshoe tear, superior temporal hole.

[Anterior Seg OMD 1] referred the patient the same day to [Retina OMD 1] at [Retine Entity 1]. The patient presented to [Retina OMD 1] the same day. Upon examination, [Retina OMD 1] noted OD vitreous syneresis, mild ERM, no edema, and OS macular detachment and periphery detachment with star fold and multiple tears. "Chronic RD, about 2 months based on pt symptoms. Will plan for surgery, discussed limited visual improvement given chronicity of retinal detachment."

This same day, the patient was scheduled for surgery to occur on March 21, 2024 with [Retina OMD 2]. The patient never met this surgeon without a consult or explanation of the surgery and therefore complainant cancelled the surgery.

On March 11, 2024, the patient presented to [Retina OMD 3] of [Retina Entity 2] and then for surgery on March 12, 2024. [Retina OMD 3] performed left eye 23-gauge pars plana vitrectomy, retinal detachment repair, ERM and ILM peel, retinectomy, endolaser, oil left eye. Post-operative diagnosis of total retinal detachment with PVR with macular hole left eye, with intraoperative findings of subretinal fibrosis and a large nasal tear and a superior hole, and full thickness macular hole.

The patient will need eye care for life due to your alleged untimely diagnosis or suspicion of retinal detachment and/or failure to diagnose or suspect retinal detachment.

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. Please include any further information you believe would be useful for the Board to make a determination in this matter, including:

1) why no dilation occurred on January 3, 2024 or if the patient declined dilation why you did not chart it;
2) why no VAs were measured on January 3, 2024 or on February 5, 2024;
3) why your referral to an OMD on February 5, 2024 was to the patient's 2021 anterior seg OMD and not a retinal OMD; and
4) why your referral to an OMD on February 5, 2024 was not STAT.

Failure to responsively address each of the above allegations could result in a determination that you agree with the above allegations. Your reply to director@nvoptometry.org is due on or by the close of business **October 20, 2025**. **Because this matter may be presented to the Board in a double-blind manner, do NOT use personal or company letterhead, and use the following references: [patient] as "the patient," yourself**

as "Licensee 1," your practice/fictitious business name as "Licensee Entity 1," [Anterior Seg OMD 1] as "Anterior Seg OMD 1," [Anterior Seg Entity 1] as "Anterior Seg Entity 1," [Retina OMD 1] as "Retina OMD 1," [Retina OMD 2] as "Retina OMD 2," [Retina Entity 1] as "Retina Entity 1," [Retina OMD 3] as "Retina OMD 3," and [Retina Entity 2] as "Retina Entity 2."

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

Dear Board of Optometry,

I am writing in response to your correspondence dated October 5, 2025. I appreciate the opportunity to clarify the clinical timeline and address the Issues raised in your letter.

The patient, for the visit in question, presented to my office on January 3, 2024, With a complaint of a persistent floater. As is standard practice in my office, a thorough intake interview was conducted. The patient was specifically asked about any poor vision or vision loss, both of which were denied. When questioned directly, symptoms such as flashes of light, lightning bolts, or similar phenomena were also denied.

Optos images were obtained at that visit and showed no holes, tears, or retinal detachments. The patient was counseled on the signs and symptoms of retinal complications and advised to return immediately (STAT) if any such symptoms developed. A follow-up appointment was scheduled for one month later for repeat imaging and a dilated examination.

The patient returned for their scheduled follow-up on February 5, 2024. Again Any loss of vision, flashes, or other changes in vision, were denied, though he reported that the floater persisted. Repeat Optos imaging was obtained and again revealed no retinal abnormalities. Both eyes were then dilated and examined using a 90D lens, which confirmed the absence of any retinal involvement.

Because the floater had not improved and the patient remained concerned, I referred the patient to Anterior Segment OMD, for further evaluation. My office

routinely refers patients to Ant. Seg. OMD for general ophthalmologic consultations, and this referral was made to ensure that all reasonable steps were taken for the patient's reassurance and continuity of care. It was not a referral for confirmation of a posterior vitreous detachment diagnosis, but rather an additional professional consultation in the patient's best interest. There was no reason that said referral needed to be STAT.

Your letter suggests that I failed to detect a retinal detachment and should have warranted an immediate referral to a retinal specialist. However, based on my examinations, the contemporaneous chart notes, and the dilated fundus examination conducted on February 5, 2024, there was no evidence of a retinal detachment at that time. Therefore, if such a detachment later developed, it must have occurred after the February 5th examination.

Referring to question 2, on both visits, January 3, 2024 and February 5, 2024, the patient was directly asked about poor vision or vision loss. Both were denied at each visit. With this information acuities were not taken.

Medications
Reviewed and no changes noted February 5, 2024.
OPHTHALMIC MEDICATIONS
Alrex 0.2% 1 drop drops,suspension TID OU
BromSite 0.075% 1 drops QD OD

NON OPHTHALMIC MEDICATIONS
NONE

Ocular History
Reviewed and no changes noted February 5, 2024.
Cataract of left eye

Ocular Surgery
History of left cataract extraction - Left eye structure: Sch 8/31/2021 Dr Chang
History of right cataract extraction - Right eye structure: 8/18/2021 Dr Chang

Social History
Reviewed February 5, 2024.
Smoking status - Current every day smoker

Allergies
Reviewed February 5, 2024.

Alerts
No blood thinners, no narrow angles, and no steroid responder.

ROS
Provider reviewed on Jan 03, 2024.

A focused review of systems was performed including Allergic / Immunologic, Cardiovascular, Endocrine, Eyes, Genitourinary (G.U.), Musculoskeletal, and Neurological.

No Poor Vision, No Eye Pain, No Tearing, No Redness, No Loss Of Vision, No High Blood Pressure, No Diabetes Type I, No Thyroid Abnormalities, No Arthritis, No Headache, No Stroke, No Medication Allergies, And No Seasonal Allergies.

Medical History
Reviewed February 5, 2024.

Chief Complaints:
1. Floaters

HPI: This is a 77 year old male who:
1. is being seen for a chief complaint of floaters involving the left eye and right eye. The floaters are gradual in onset and progressive. The floaters are moving in visual field, spot-like, and netting. The floaters are moderate in severity, right eye and left are equal. The floaters have been present for 3 months. The patient is being treated with systane. Patient states that after he had cataract surgery he developed floaters his OD shortly after. Recently his OS began having a blobs in it. They move around in his OU..

Tests

Fundus Photos

A same-day order was placed for this diagnostic test.

Diagnostic Procedure: Fundus Photos - OU
Indication: Retina Tests

Vitreous OD: normal
Optic Nerve OD: normal
Vessels OD: normal
Macula OD: normal
Periphery OD: normal

Vitreous OS: normal
Optic Nerve OS: normal
Vessels OS: normal
Macula OS: normal
Periphery OS: normal
Reliability: good

Assessment OS:

Fundus Photos

A same-day order was placed for this diagnostic test.

Diagnostic Procedure: Fundus Photos - OU
Indication: Posterior Vitreous Detachment OU

Vitreous OD: normal
Optic Nerve OD: normal
Vessels OD: normal
Macula OD: normal
Periphery OD: normal

Vitreous OS: normal
Optic Nerve OS: normal
Vessels OS: normal
Macula OS: normal
Periphery OS: normal
Reliability: good

Assessment OS:

Impression/Plan:

1. **Posterior Vitreous Detachment OU**
(H43.813)
distributed on the right retina at 1, left retina at 10, right superior nasal peripapillary retina, left midperipheral retina at 8, right retina at 5, and left retina at 6.

Plan: Counseling - PVD.
I counseled the patient regarding the following:
Eye care: Posterior vitreous detachments usually diminish with time, but it may take several months. They rarely disappear entirely.
Expectations: Posterior vitreous detachments are a normal aging change due to the vitreous jelly pulling away from the retinal lining of the eye. They may accompany retinal tears, retinal holes, or retinal detachments, so a dilated retinal examination is important.
Contact Office if: Posterior vitreous detachments symptoms worsen, including an increase in number of floaters, you experience flashing lights, loss of vision, or a black curtain blocking your field of vision.

Plan: F/U for Next Visit Retina.
The patient should be scheduled for the following in 1 Month:

Staff:

(Primary Provider) (Bill Under)

Medications
Reviewed and no changes noted February 5, 2024.
OPHTHALMIC MEDICATIONS
Alrex 0.2% 1 drop drops,suspension TID OU
BromSite 0.075% 1 drops QD OD

NON OPHTHALMIC MEDICATIONS
NONE

Ocular History
Reviewed and no changes noted February 5, 2024.
Cataract of left eye

Ocular Surgery
History of left cataract extraction - Left eye structure: Sch 8/31/2021 Dr Chang
History of right cataract extraction - Right eye structure: 8/18/2021 Dr Chang

Social History
Reviewed February 5, 2024.
Smoking status - Current every day smoker

Allergies
Reviewed February 5, 2024.

Alerts
No blood thinners, no narrow angles, and no steroid responder.

ROS
Provider reviewed on Feb 05, 2024.

A focused review of systems was performed including Allergic / Immunologic, Cardiovascular, Endocrine, Eyes, Genitourinary (G.U.), Musculoskeletal, and Neurological.

No Poor Vision, No Eye Pain, No Tearing, No Redness, No Loss Of Vision, No High Blood Pressure, No Diabetes Type I, No Thyroid Abnormalities, No Arthritis, No Headache, No Stroke, No Medication Allergies, And No Seasonal Allergies.

Medical History
Reviewed February 5, 2024.

Chief Complaints:
1. F/U Posterior Vitreous Detachment OU evaluated on January 3, 2024

HPI: This is a 77 year old male who:
1. is following up for Posterior Vitreous Detachment OU on the right retina at 1, left retina at 10, right superior nasal peripapillary retina, left midperipheral retina at 8, right retina at 5, and left retina at 6. He was seen on January 3, 2024, at which time the patient was counseled, Fundus Photos was performed and the following items were planned:
The patient should be scheduled for the following in 1 Month:.

The patient presents for further evaluation and management.

Exam:
An examination was performed

OD External: normal lid position, nasolacrimal and orbital exam
OD Lid Margin: quiet and normal

Slit lamp examination OD:
OD Conjunctiva: white and quiet

OD Cornea: clear cornea

OD Anterior Chamber: deep and quiet anterior chamber

OD Iris: normal iris without rubeosis

OD Lens: clear lens

A dilated exam of the optic disc was performed OD.

Ophthalmoscopic examination of optic disc OD:
OD Optic Disc: flat and normal disc

A dilated fundus exam was performed OD.

Ophthalmoscopic examination of retina and vessels OD:
OD Vitreous: **weiss' ring**
OD Vessels: vessels with normal contour, caliber without neovascularization
OD Macula: macula normal contour without heme, edema, drusen or exudate
OD Periphery: periphery normal appearance without retinal tears, breaks, holes or mass
Lens Used: 90D

General Appearance of the patient is well nourished.

Orientation: alert and oriented x 3.

OS External: normal lid position, nasolacrimal an orbital exam
OS Lid Margin: quiet and normal

Slit lamp examination OS:
OS Conjunctiva: white and quiet

OS Cornea: clear cornea

OS Anterior Chamber: deep and quiet anterior chamber

OS Iris: normal iris without rubeosis

OS Lens: clear lens

A dilated exam of the optic disc was performed OS.

Ophthalmoscopic examination of optic disc OS:
OS Optic Disc: flat and normal disc

A dilated fundus exam was performed OS.

Ophthalmoscopic examination of retina and vessels OS:
OS Vitreous: **weiss' ring**
OS Vessels: vessels with normal contour, caliber without neovascularization
OS Macula: macula normal contour without heme edema, drusen or exudate
OS Periphery: periphery normal appearance without retinal tears, breaks, holes or mass
Lens Used: 90D

Mood and affect: no acute distress.

Tests

Fundus Photos

A same-day order was placed for this diagnostic test.

Diagnostic Procedure: Fundus Photos - OU
Indication: Retina Tests

Vitreous OD: normal
Optic Nerve OD: normal
Vessels OD: normal
Macula OD: normal
Periphery OD: normal

Vitreous OS: normal
Optic Nerve OS: normal
Vessels OS: normal
Macula OS: normal
Periphery OS: normal
Reliability: good

Assessment OS:

Fundus Photos

A same-day order was placed for this diagnostic test.

Diagnostic Procedure: Fundus Photos - OU
Indication: Posterior Vitreous Detachment OS

Vitreous OD: normal
Optic Nerve OD: normal
Vessels OD: normal
Macula OD: normal
Periphery OD: normal

Vitreous OS: normal
Optic Nerve OS: normal
Vessels OS: normal
Macula OS: normal
Periphery OS: normal
Reliability: good

Assessment OS:

Impression/Plan:

1. **Posterior Vitreous Detachment OS**
   (H43.812)

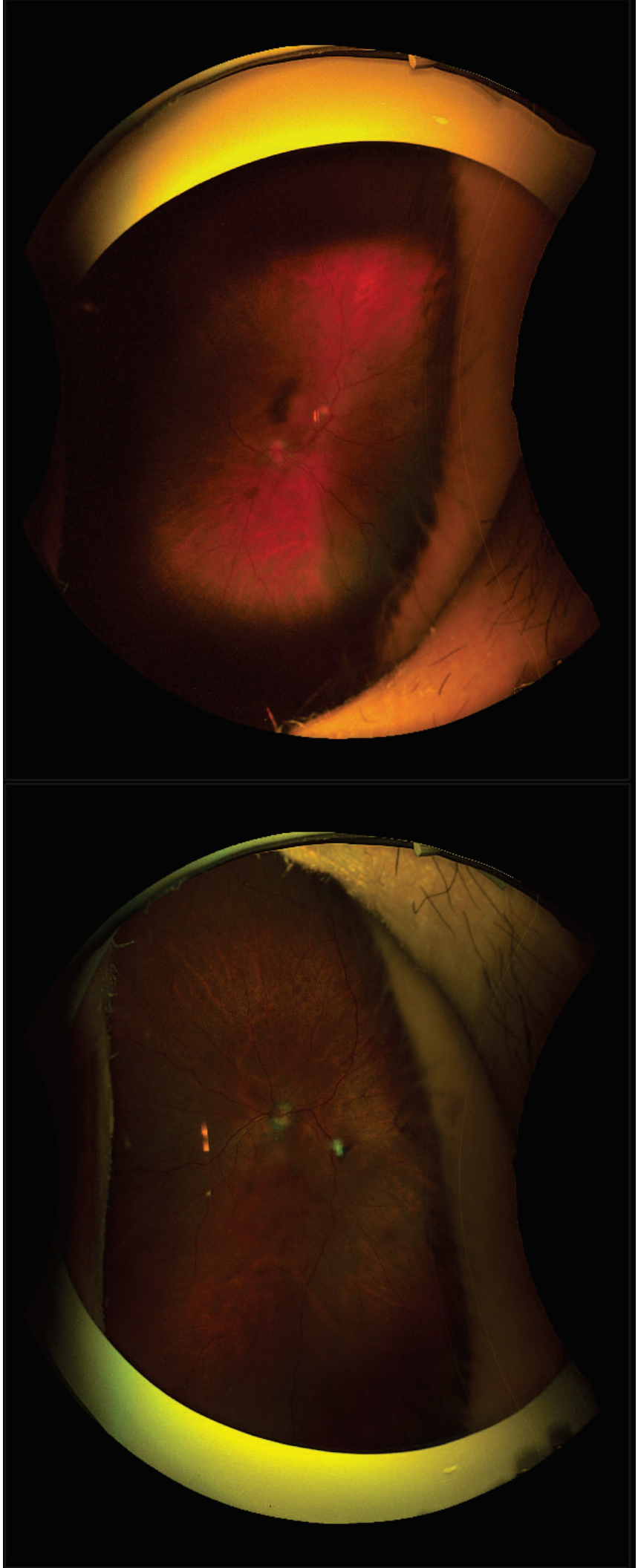
distributed on the left retina at 10, left midperipheral retina at 7, and left peripheral retina at 7.

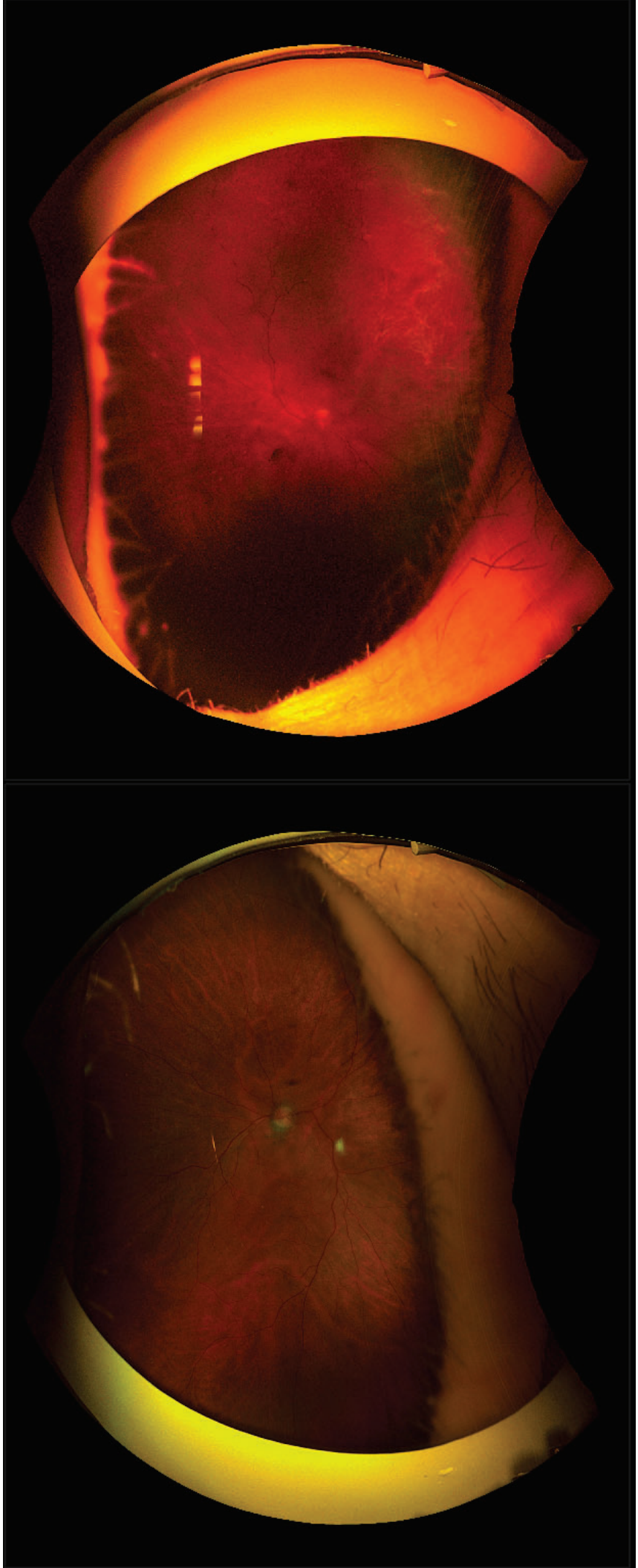
Plan: Counseling - PVD.
I counseled the patient regarding the following:
Eye care: Posterior vitreous detachments usually diminish with time, but it may take several months. They rarely disappear entirely.
Expectations: Posterior vitreous detachments are a normal aging change due to the vitreous jelly pulling away from the retinal lining of the eye. They may accompany retinal tears, retinal holes, or retinal detachments, so a dilated retinal examination is important.
Contact Office if: Posterior vitreous detachments symptoms worsen, including an increase in number of floaters, you experience flashing lights, loss of vision, or a black curtain blocking your field of vision.

Plan: Referral.
Referred to Dr. - Ophthalmology

Staff:

(Primary Provider) (Bill Under)





March 7, 2024

PATIENT:
MRN:
DOB:
Age: 77 Male

REFERRING PHYSICIAN:
MD

PATIENT SEEN BY:
Physician: , MD
Tech: Meredith
Scribe: Blake.

PAST OCULAR SURGERY

Phacoemulsification W/IOL Left eye - 2021- 08- 30 - Steve Chang, MD Comments: Standard Distance Target
Phacoemulsification W/IOL Right eye - 2021- 08- 18 - Steve Chang, MD Comments: Standard Distance Target

PAST OCULAR History
Pseudo OU, flashes/floaters OS

CHIEF COMPLAINTS:
EP - decreased VA OS, floaters OS>OD

AUTO REFRACTION
OD: PLANO -.25 x 135
OS: UTO
UNCORRECTED VISUAL ACUITY
OD: = 20/30
OS: = HM@2ft
MANIFEST REFRACTION
OD: +.25 -.50 x 132 = 20/20
OS: Unable = NI

HISTORY OF PRESENT ILLNESS:
Problem: EP - decreased VA OS, floaters OS>OD
Onset: 4 - 6 months ago
Location: left eye
Severity: Moderate
Duration: Constant

Notes: Patient r/b [redacted] for PVD eval. He states that approximately 4-5 mos ago he developed a lot of floaters and flashes of light with a cobweb like appearance in OS. He says he can't see anything out of the left eye now except for a few lines. He also has floaters in OD. Patient uses Systane prn.

Performed By [redacted], MD Scribed By: Meredith

OPHTHALMOLOGIC REVIEW OF SYSTEMS:
Red Eyes: No
Irritation: No
Dryness: No
Flashes: **Yes Left eye**
Floaters: **Numerous Both eyes** and **Cobwebs Left eye**
Glare: No
Eye Pain: No
Blurring: **All distances Left eye**
Tearing: No
Itching: No
Diplopia: No
HA: No
Sinus/Nasal Congestion: No
Contact Lens Wearer: No

ALLERGY:
No Known Drug Allergies -
Date Reviewed with Patient: 03/07/24 By: MPFREHM

NON-MEDICAL ALLERGY:
Latex: No
Iodine: No
Other: No
Food: No

OPHTHALMIC MEDICATIONS:
Systane Balance 0.6 % eye drops Strength Unconfirmed

MEDICATIONS PRESCRIBED BY OTHER OFFICES:
No Outside Prescribed Medication

REVIEW OF SYSTEMS:
General/Constitutional: Denies fever, or chills
Skin: Denies rash, new skin lesions, or change in moles
Ears: Denies ear pain, or difficulty hearing
Nose: Denies nasal congestion, discharge, or bleeding
Mouth/Throat: Denies sore throat, or difficulty swallowing
Neck: Denies pain or swelling
Respiratory: Denies shortness of breath, cough, wheezing
Cardiovascular: Denies palpitations, chest pain, orthopnea, PND, peripheral edema, syncope or claudication

Gastrointestinal: Denies nausea, vomiting, diarrhea, constipation. Denies abdominal pain, melena and or bright red blood
Genitourinary: Denies dysuria, frequency of urination, urgency, or hesitancy
Musculoskeletal: Denies joint or muscle pain, or back pain
Neurological: Denies localized numbness, weakness, or tingling
Hemato-Immunologic: Denies easy bruising, bleeding, oral ulcerations or recurrent infections
Psychiatric: Denies depression, anxiety, substance abuse or suicide attempts
Endocrine: Denies heat or cold intolerance, weight loss or gain, increasing thirst **FBS/A1C: Normal**

MEDICAL AND SURGICAL HISTORY:
Diabetes: Denies past 5 years
High Blood Pressure: Denies past 5 years
Heart History: Denies past 5 years
Cholesterol Status: Denies past 5 years
Arthritis/Rheumatology: Denies past 5 years
Respiratory/Asthma/COPD: Denies past 5 years
Thyroid History: Denies past 5 years
Gastrointestinal: Denies past 5 years
Kidney Disorder: Denies past 5 years
Blood Disorder: Denies past 5 years
Neurology: Denies past 5 years
Cancer: Denies past 5 years
Surgical History: Knee replacement 2022

SOCIAL HISTORY:
Alcohol Use: denies drinking
Smoking: Denies smoking
Counseled patient to quit: No
Driving: Yes

FAMILY HISTORY:
Mother Cataract

EXAMINATION:

ORIENTATION/MOOD/AFFECT
Awake, Alert, Oriented x3: Yes
Mood/Affect: Appropriate

INTRAOCULAR PRESSURE:

Time Taken: 08:27:47
Method: Applanation
Right Eye: 10
Left Eye: 10

Comments: Fluress OU

DILATION/CONSTRICTION DROPS GIVEN

Time Drops Given: 08:29:53
Dilation/Constriction Drops Used: Phenylephrine 2.5%, Tropicamide 1% Both eyes
Technician Giving Drops: Meredith

EOMS/PUPILS/CONFRONTATIONAL VISUAL FIELDS:
Pupils: Normal OD, +APD OS
Motility: Full and orthophoric
Confrontational Visual Fields: Right eye FTFC, Left eye Unable to perform

SLIT LAMP/BIOMICROSOPY EXAMINATION

RIGHT EYE:
External Appearance/Adnexa: normal
Lids: normal
Conjunctivae/Sclerae: no palpebral injection
Cornea: clear
Anterior Chamber: deep and quiet
Iris: **dilated**
Lens/Capsule: **PCIOL clear capsule**

LEFT EYE:
External Appearance/Adnexa: normal
Lids: normal
Conjunctivae/Sclerae: no palpebral injection
Cornea: clear
Anterior Chamber: deep and quiet
Iris: **dilated**
Lens/Capsule: **PCIOL clear capsule**

FUNDUS EXAMINATION

RIGHT EYE:
Cup/Disc Ratio: 0.3
Optic Disc: **Disc margins sharp**
Vitreous: **Posterior vitreous detachment (PVD)**
Macular Region: **inferior ERM, no thickening, no edema**
Vessels: WNL
Periphery: Intact 360. No holes, breaks or tears

LEFT EYE:
Cup/Disc Ratio: 0.2
Optic Disc: **Disc margins sharp**
Vitreous: **Posterior vitreous detachment (PVD), 2-3+ pigment**
Macular Region: **detached, 3+ PDR**
Vessels: WNL

Periphery: **inferior nasal horseshoe tear, superior temporal hole**
Entered By: Blake Jamieson

IMPRESSION:
1. Macular Cyst, Hole, Or Pseudohole, Left Eye, New
2. Puckering Of Macula, Right Eye, New
3. Vitreous Degeneration, Bilateral, New
4. Other Anomalies Of Pupillary Function, New
5. Presence Of Intraocular Lens, Permanent Condition
6. Cataract Extraction Status, Right Eye, Permanent Condition
7. Cataract Extraction Status, Left Eye, Permanent Condition
8. Total Retinal Detachment, Left Eye, Worsening

PLAN:

MACULAR PATHOLOGY DISCUSSION:
Explained etiology of cellophane maculopathy, ERM, and macular pucker. Explained can cause obscured/ distorted vision. RBAs discussed for treatment including membrane peel, dilated eye exams, and monitoring. RTC immediately if any new symptom. Discussed referral to retinal specialist prn. Monitor. Explained etiology of macular hole. RBAs of treatment discussed including amsler grid testing, dilated exams, OCT and/or IVFA testing. RTC immediately if any new symptoms. Discussed referral to retinal specialist prn. Monitor.

PSEUDOPHAKIA/PCO DISCUSSION:
Discussed pseudophakia. Monitor for changes.

PVD/Floaters Discussion
Discussed pathology of posterior vitreous detachment and floaters. Signs and symptoms of retinal tear/ detachment were discussed. Monitor closely for changes. RTC immediately if symptoms increase.

DISCUSSION:

Discussed APD OS, monitor

Discussed retinal detachment OS, referral sent to retina

#####
Chronic mac off RD OS
- Referral to retina today

FOLLOW-UP:
Return to NEC prn

REFERRAL:

Retinal Specialist
Memo: Dr.

I agree that the documentation is accurate and complete.

Electronically signed by MD 03/07/2024 09:43:10

Name	Chart#	DOB	Race	Ethnicity	Pref. Language
[redacted]	[redacted]	[redacted] 1946 (77)		Patient Declined,	English

Gender	Date	Location	Refer Doctor	PCP	Insurance
Male	3/7/2024	Main Office			

Reason For Visit: New Patient - Pseudophakia OU.

HPI: CC: Loss of sight OS. Severity: severe. Duration of Problem: last time was able to see well about 2 months . Associated Symptoms: floaters. They started 6 months ago. Course: stable in the last 2-3 weeks OS. Pertinent Negatives: Denies Ocular Trauma OU. Pertinent Negatives: No Flashes, Floaters, Shadow, Curtain, or Veil OD. HPI obtained by [redacted], MD

Allergies: NKDA.

Smoking Status: Never Smoker.

Vital Signs: Blood Pressure: 138/71. Pulse: 64. Time: 10:33 AM.

Systemic Meds: None.

VA OD: Dsc20/30. PHNI. **OS:** DscHM. PHNI.

IOP: App **OD:** 9 **OS:** 7 10:35 AM

Fundus Photos: Findings OD: Reason For Testing: Initial Evaluation. Normal Retinal Vessels. No Hemorrhage. **Findings OS:** Reason For Testing: Initial Evaluation. Retinal detachment with multiple tears and star folds. No Hemorrhage.

Impression:

Primary: Retinal Detachment with Multiple Breaks OS. Pseudophakia OU.

Plan:

Discussion: Patient understands condition, prognosis and need for follow up care. Advised to call immediately if eye pain or loss of vision. Retinal Detachment with Multiple Breaks OS. Chronic RD , about 2 months based on pt symptoms.Will plan for surgery , discussed SO vs gas.Discussed limited visual improvement given chronicity of retinal detachment.Pseudophakia OU. Good post operative appearance.Doing well.

Specialty Meds:

- Systane 1 drop as needed
- AREDS Formulation

Follow Up: Dr. [redacted] - Will plan for surgery left eye .

Signed: [redacted]

Electronically signed by [redacted], MD

DATE: 3-11-24 PCP: _____ Referring MD: Dr. _____

NAME: _____ DOB: _____ AGE: 77

NP: Pt states VA in OS ~~that~~ is very bad, has thick lines across. Pt was told he has Retinal ~~Tears~~ Tears.
H/o wavy loss left eye > 4wks OS OS
Pain (+) Flashes (+) floaters

ROS: -DM -HTN -smoke -eyes GTT: Systane as needed

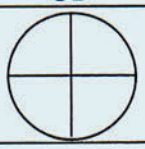
PMH: Prostate cancer

PSH: Cataract OU, Prostate, Knee/shoulder sx. Allergies: NKDA

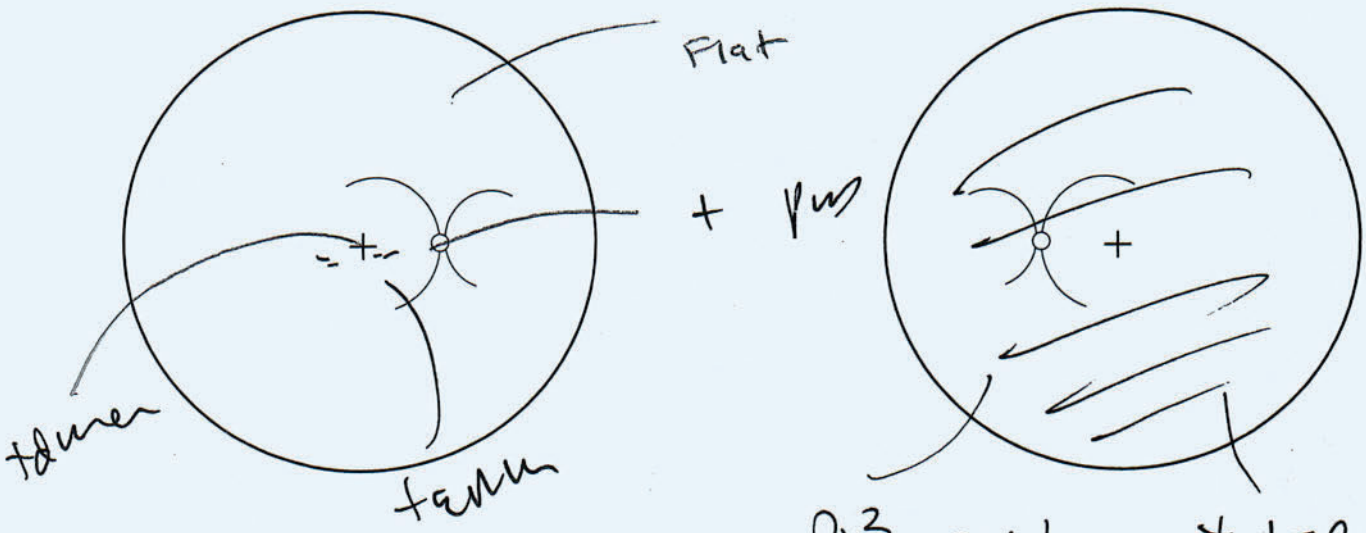
MEDS: Ø DIL: @ 12:40

PMH/RSH/ROS/FMH/MEDS: ☐ No interval change from exam: NP Except: _____

SC VA	20/ 25	PH SC	20/ NI	SC VA	20/ LP	PH SC	20/ NI
CC VA	20/	PH CC	20/	CC VA	20/	PH CC	20/

	WNL	OD	WNL	OS
Confrontational Visual Fields	/		/	
Ocular Motility	/		/	
Intraocular Pressure	/	TP 9 @ 1:51	/	TP 9 @ 1:51
Pupils No APD ☐				
ADNEXA / LIDS	/		/	
Conjunctiva	/		/	
Cornea	/		/	
Anterior Chamber				
Iris	/		/	
Lens		PC IOL		PC IOL

DATE: 3/11/24 NAME: DOB:



OCT: PVD and tear in vit Total RD c PVR

OD: tumor

OS: no view

IVFA:

Diagnosis: 1) Total RD OS c PVR OS
2) pCIOL OU
3) PVD OU

Plan: - D/w pt findings
- Rec PPV, MP, EL, oil argon OS
R/B/A discuss
TO OR tomorrow

M.D.

- Phase Ii

Admit: 3/12/2024, D/C:

[redacted]

M.D. OP Report Signed Date of Service: 3/12/2024 8:12 AM

Physician
Ophthalmology

Case Time:	Procedures:	Surgeons:
3/12/2024 8:12 AM	LEFT EYE VITRECTOMY WITH: MEMBRANE DISSECTION, LASER, INTRAOCULAR SILICONE OIL	, M.D.

SURGEON: , MD

ASSISTANT: MD

PROCEDURES: A 23-gauge pars plana vitrectomy, retinal detachment repair, ERM and ILM peel, Retinectomy, endolaser, oil left eye

PREOPERATIVE DIAGNOSIS: Total retina detachment with PVR left eye

POSTOPERATIVE DIAGNOSIS: Total retinal detachment with PVR and macular hole left eye

ANESTHESIA: General endotracheal.

FLUIDS: See anesthesia note.

COMPLICATIONS: None.

DETAILS OF THE PROCEDURE: Correct eye was marked in the preoperative area. Patient was taken to the operating room. General anesthesia induced by anesthesiology and the patient was prepped and draped in the usual sterile ophthalmic fashion. Site was marked 4 mm from the limbus in the inferotemporal quadrant. A 23-gauge trocar was used in a beveled fashion to enter the vitreous cavity. Infusion was placed in the eye, visualized with the light pipe and turned on. One site superonasally and another site superotemporally were then marked 4 mm from the limbus. A 23-gauge trocar was used in a beveled fashion to enter the vitreous cavity. Light pipe and vitrector were inserted inside the eye. Core and peripheral vitrectomy was performed. We noticed a total retinal detachment with PVR and subretinal fibrosis and a large nasal tear and a superior hole. We also noticed a full thickness macular hole. We performed ERM and ILM peeling. PFO was used to flatten the retina but we noticed PVR in periphery with RD. We performed 300 degree retinectomy and retina was flatten. Endolaser was applied 360. Air-fluid exchange was then performed and silicon oil was placed in the eye. Trocars were then removed. 7-0 vicryl was used to close the sclerotomy sites. Postop Ancef and dexamethasone were injected subconjunctivally. Drapes were then removed. Patient's face was cleaned, ointment applied to the eye. Eye was patched and shielded.Patient was taken to the recovery room in good condition. There were no complications.

Routing History

Date/Time	From	To	Method
3/12/2024 10:30 AM	, M.D.	M.D.	Fax

[redacted]

AFTER VISIT SUMMARY

MR 3/12/2024

Your Visit Summary

Thank you for choosing for your health care needs. It was a pleasure to be a part of your care team.

Please carefully review the following discharge instructions for medication updates, follow-up appointments and after care instructions.

Your Follow-Ups - (Next 30 Days)

Follow up with Physician , M.D.
As scheduled

Medication Information

Below are the most up to date medications your provider expects you to take after discharge. Follow medication instructions as directed by your provider. Please keep your medication list up to date (including dosage changes and any over-the-counter products) and share with your care team. Carry your medication list with you at all times in the event of an emergency.

Medication List

ASK your doctor about these medications

	Morning	Afternoon	Evening	Bedtime	As Needed
ASK **albuterol** 108 (90 Base) MCG/ACT Aers inhalation aerosol Inhale 2 Puffs every 6 hours as needed (wheezy cough).					
ASK **benzonatate** 100 MG Caps Commonly known as: Tessalon Take 1 Capsule by mouth 3 times a day as needed for Cough.					

S/P: PRy, MP, vitrec, EL, oil 3/12/24

OS

POST OP

GTT: six hrs

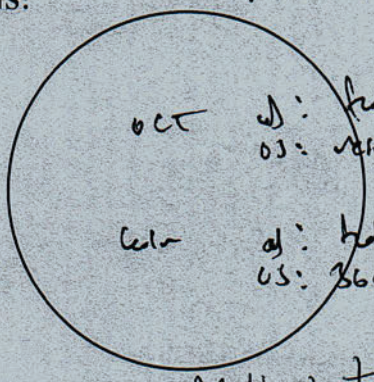
Dil: OD or OS @ 10:05

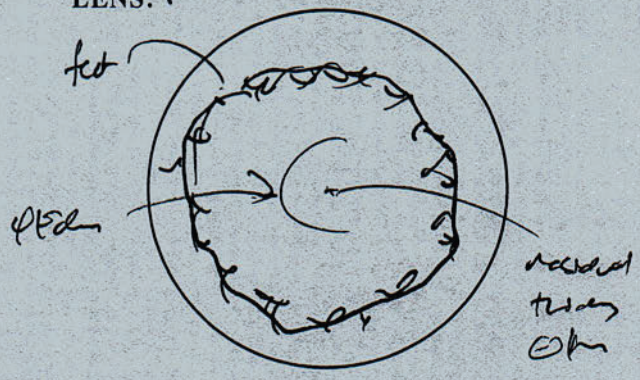
DATE: 3/13/24

NAME: [redacted] DOB: [redacted]

Pt states he slept great and reports no pain. When he lays on his side he feels "saggy" in OS.

LLL:	LLL: WNL
C/S: VA 20/CF@4A	C/S: SCH
K:	K: CL
AC:	AC: 1 trace
IRIS:	IRIS: DIL
LENS: TA 11 @ 13:46 Ant	LENS: PCIOL





MH + total

DIAGNOSIS: 1) RD OS S/P PRy, MP, vitrectomy EL, oil c PVR

4 retinal breaks

PLAN: 1) VIGAMOX AND PREDNISOLONE ONE DROP 4X TIMES A DAY IN OPERATIVE EYE Atropine OS QID

2) DO NOT RUB EYE

3) REPORT TO ER OR CALL OUR OFFICE IF PAIN OR DECREASED VISION

4) SHIELD AT NIGHT

RTC: 1wk

POST-OP 2

S/P: PPVx/mp/Retin-
ectomy/EI/OIL 3/12/24
OS

POST OP

GTT: _____
SX GTTS
Dil: OD or OS @ 1:18

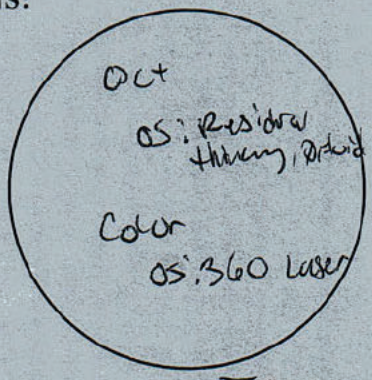
DATE: 3/20/24

NAME [redacted] DOB: [redacted]

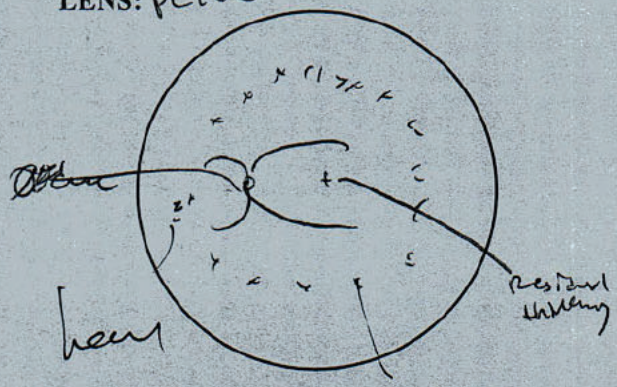
Pt states OS is okay. Pt states lots of distortion in VA.
Pt states a bit of eye irritation

LLL:	SC/VA 20/Cf@5ft
C/S:	
K:	TAT @ 3:20
AC:	
IRIS:	
LENS:	

LLL:	WNL
C/S:	WNL
K:	Cl
AC:	D&Q
IRIS:	Dil
LENS:	PCIOL



C PVR



4 o'cl

DIAGNOSIS: 1) RD^ OS S/P PPVX, MP, retinectomy, EI, OIL
Retina Attached

PLAN: DW pt findings
RTC 1MO prn
RTC: Obs, cont PF 3-2-1 taper per 2 wks
RTC: April 11th

S/P: PPVX/mp/retinectomy, EL/011 3/12/24 OS

TT: _____

POST OP

Pred: 1/day OS

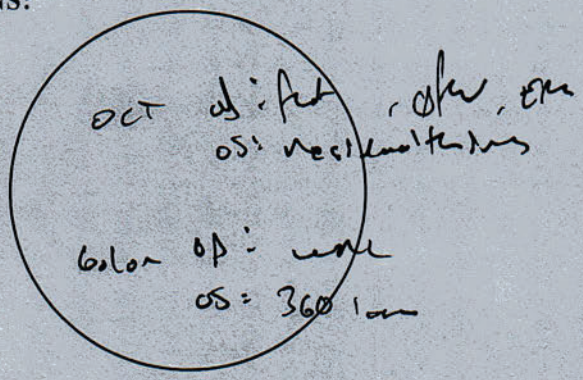
Dil: OD or OS @ 2:52

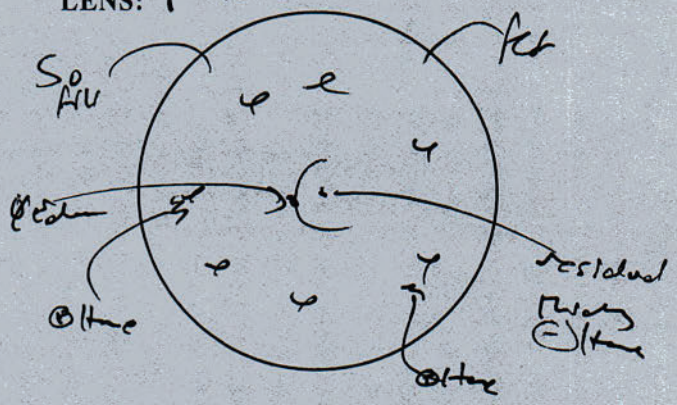
DATE: 4/11/24

NAME: [redacted] DOB: [redacted]

Pt states OS has been good overall, sometimes feels like something is in there, but no floaters. Pt states used to have flashes not anymore, sometimes double image

LLL:	SC/VA 20/400 PHNI	LLL: WNL
C/S:	TP 1 @ 2:52	C/S: WNL
K:		K: CI
AC:		AC: D+Q
IRIS:		IRIS: DI
LENS:		LENS: PCIOL





DIAGNOSIS: 1) RD c PVR s/p PPVX, mp, retinectomy, EL, OIL → watch others

↳ mild CNF

PLAN: - D/w pt findings

- RTC 4 wks

- future removal OS today

Rec: stay prone 7d OS

- RTC 2 wks

S/P: [redacted] GTT:

PPVX/mp/Retinectomy

El/OIl 3/12/24 OS

POST OP

Pred: TID OS

Dil: OD or (OS) @ 1:25

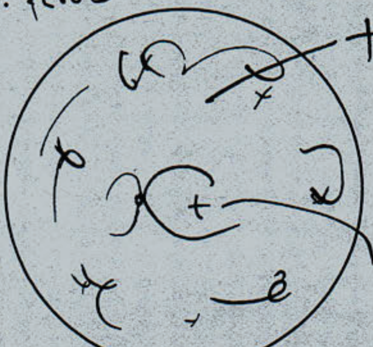
DATE: 5/30/24

NAME: [redacted] DOB: [redacted]

Pt states OS has been the same, no improvement, pt states no pain, flashes, or floaters.

LLL: | sc VA 20/CF @ 5 ft | LLL: WNL
C/S: | | C/S: W/Q
K: | TP 5 @ 1:25 | K: Cl
AC: | | AC: D & Q
IRIS: | TA 6 @ 3:45 | IRIS: Dil
LENS: | Amsl | LENS: PCIOL

OCT
OS: + IRF
Color
OS: perp laser



toil

Mickey

DIAGNOSIS: DRD c̄ PVR s/p ppvx, mp, retinectomy, El; OIl - retina attach + CME not responsive to pred drop

PLAN: D/W pt findings
RT/RD prec
Rec. ~~Oze~~ Ozurdex OS
RTC: 6 wks.

R/B/A disc including ↑ IOP. 2nd wk of July

Pt. Name: ____

DOB: ____

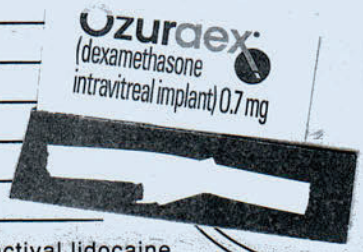
Ophthalmology

Date: 5/30/24

Procedure: ____

☒ Intravitreal Injection

☐ Subtenon's Injection



Anesthesia: Alcaine & 4% topical xylocaine or 2% subconjunctival lidocaine

☐ Avastin 0.05 cc (1.25 mg)

☐ Eylea 0.05 cc (2mg) ○ OD ☒ OS

☐ Eylea Sample 0.05 cc (2mg)

☐ Vabysmo 0.05 cc (6 mg)

☐ Vabysmo Sample 0.05 cc (6 mg)

☐ Lucentis 0.05 cc (0.5 mg)

☐ Lucentis 0.05 cc (0.3 mg)

☐ Lucentis Sample 0.05 cc (0.5 mg)

☐ Lucentis Sample 0.05 cc (0.3 mg)

☒ Ozurdex 0.7 mg

☐ Ozurdex Sample 0.7 mg

Surgeon: ____

Procedure Description: Diagnosis:

Eye was sterilized with 5% betadine applied to the lashes and on the conjunctiva after drops of Alcaine and Antibiotic drops applied. Topical 4% Xylocaine or 2% subconjunctival lidocaine used to anesthetize the eye. Lid speculum was placed and betadine drop was applied to the site of injection in the inferior temporal quadrant. Intravitreal injection was performed, there were no complications.

☐ Wet AMD

☐ Diabetic Macular Edema

☐ Retinal Vein Occlusion

☐ Neovascular Glaucoma

☐ Cystoid Macular Edema

☐ Vitreous Hemorrhage

☐ Proliferative Diabetic Retinopathy

☒ Retinal Edema

☐ Choroidal Neovascular Membrane

☐ Retinal Telangectasias

☐ Symptomatic VMT

DATE: 07/10/24 PCP: _____ Referring MD: _____

NAME: _____ DOB: _____ AGE: _____

2 Mos: Pt states VA in OD is doing good but VA in OS has gotten slightly worse. Pt states VA in OS has less definition than before

- Pain (-) flashes (+) floaters

ROS: (-)DM (-)HTN (-)eyevit (-)smoke

PMH: NO Changes

PSH: see list

MEDS: Ø

GTT: PINK ; OS BID

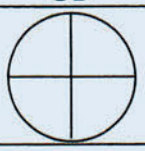
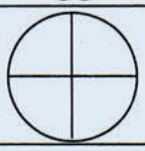
Systane: OU PRN

Allergies: NKDA

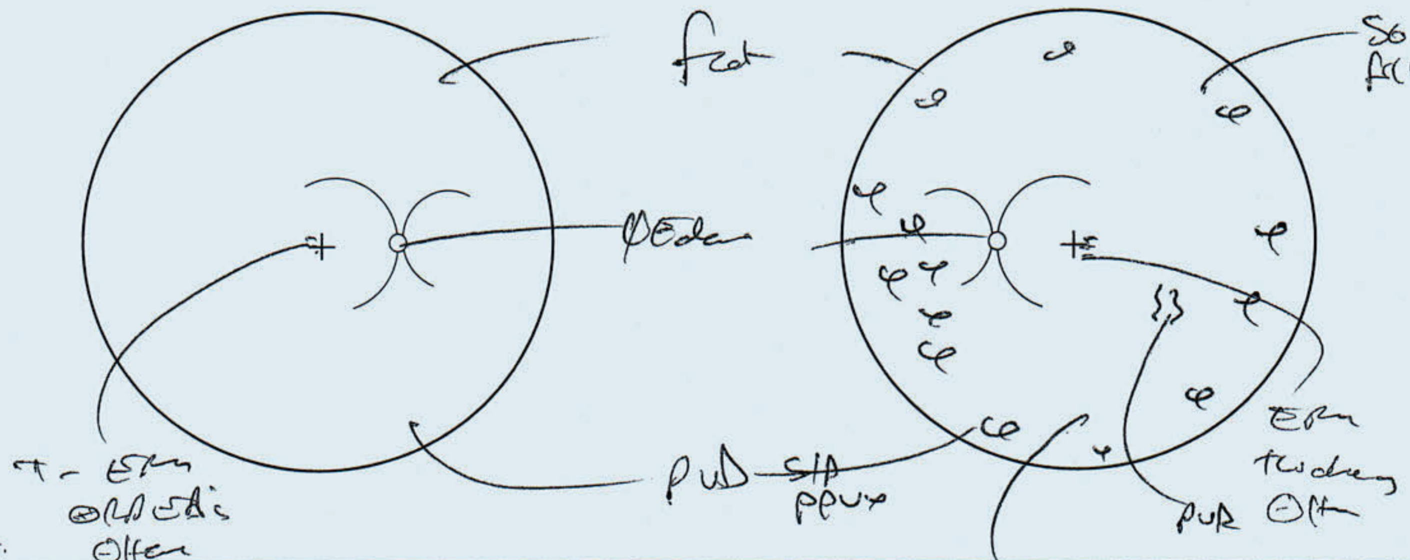
DIL: OU @ 12:49

PMH/RSH/ROS/FMH/MEDS: ☐ No interval change from exam: 5/30/24 Except: _____

SC VA	20/ 20-1	PH SC	20/ NI	SC VA	20/ 400	PH SC	20/ NI
CC VA	20/	PH CC	20/	CC VA	20/	PH CC	20/

	WNL	OD	WNL	OS
Confrontational Visual Fields	/		/	
Ocular Motility	/		/	
Intraocular Pressure		TP 8 @ 12:48		TP 6 @ 12:48
Pupils No APD ~~EK~~		TA 9 c 13:30		TA 6 c 13:30
ADNEXA / LIDS	/		/	
Conjunctiva	/		/	
Cornea	/		/	
Anterior Chamber	/		/	
Iris	/		/	
Lens		PCIOL		PCIOL

DATE: 7/10/24 NAME: DOB.



OCT:

OD: ERM, ∅ fluid

OS: ERM. IRF

IVFA:

color OD: well
OS: 360 & inf laser

Diagnosis: 1) RD c̄ PVR s/p PPVx, mp, retinectomy, EL, Oil OS → - likely need more laser inferiorly OS
- RBA discussed
- discussed SO removal in future - RBA discussed

2) PVD OD - ∅ RT/RD today

3) PC IOL OU - stable

4) ERM OS > OD → obs, ∅ VS

D/w pt findings
- RT/RD prec

Plan:

- Px: Laser pexy OS today

M.D. - RTC:

M.D.

OPHTHALMOLOGY

Pt. Name: _____

Address: _____

City State Zip

MRN: _____

DOB: _____

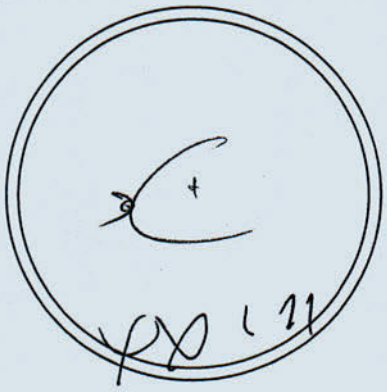
SSN: XXX-XX- ___ ___ ___ ___ SEX: ____

DOS: _____

Date: 7/10/24

Procedure:

Laser Retinopexy



Anesthesia: Topical

○ OD ⊘ OS

Surgeon: _____

Procedure Description: Diagnosis:

Consent was obtained after discussing risks and benefits of the procedure. Argon laser was used to treat the area around the tear/hole/lattice with three rows of confluent laser as indicated above.

- ☑ Retinal tear
- ☐ Retinal hole
- ☐ Lattice degeneration

Laser: Argon Treatment: #1 #2 #3

Other:

Size: L10 Power 200-250 watts

Count: 242 Exposure time: 0.20

Total Treatment to date: _____ # spots

Remarks:

Patient tolerated the procedure well.

_____ MD

DATE: 9/12/24 PCP: _____ Referring MD: _____

NAME: _____ DOB: _____ AGE: _____

2 mos: Pt reports no VA changes, pt states floaters on OD.

(-)Pain (-)flashes (f)floaters

ROS: (-)DM (-)HTN (-)evevit (-)DM GTT: Pink: OS TID

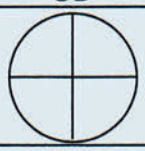
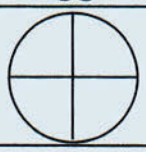
PMH: no changes otc Systane OU PRN

PSH: see list Allergies: NKDA

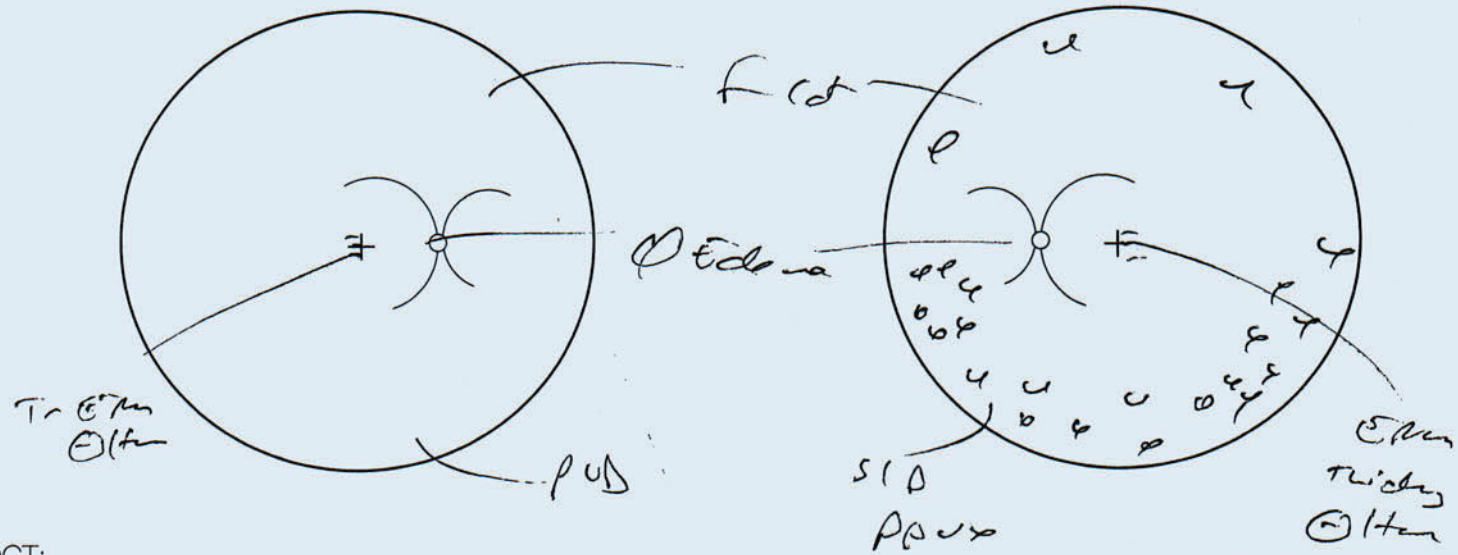
MEDS: Ø DIL: OU @ 2:05pm

PMH/RSH/ROS/FMH/MEDS: ☐ No interval change from exam: 7/10/24 Except: _____

SC/VA	20/ 20-2	PH SC	20/ —	SC/VA	20/ cf@2ft	PH SC	20/ —
CC/VA	20/	PH CC	20/	CC/VA	20/	PH CC	20/

	WNL	OD	WNL	OS
Confrontational Visual Fields	/		/	
Ocular Motility	(		/	
Intraocular Pressure		TP 8 @ 2:04		TP 7 @ 2:04
Pupils No APD ☐				
ADNEXA / LIDS	/		/	
Conjunctiva	/		/	
Cornea	\		/	
Anterior Chamber	/		/	
Iris	/		/	
Lens		PCIOL		PCIOL

DATE: 9/12/24 NAME DOB.



OCT:

OD: Trace Edema, PVD

OS: IRF (Increased), Edema

IVFA:

Color OD: PVD

OS: IGG leaks

Diagnosis: 1) RD c PVR s/p PPVx, MP, retinectomy, EL, oil OS → As scheduled for SO removal sy

2) Edema OS > OD → OS, PVD

3) PVD OD → ⌀ RT/RD today

4) PCIOL OU → stable

5) Macular Edema OS → tx OS ozurdex today

Plan: -D/w pt findings -f/u

-RTC: ** OS today ozurdex

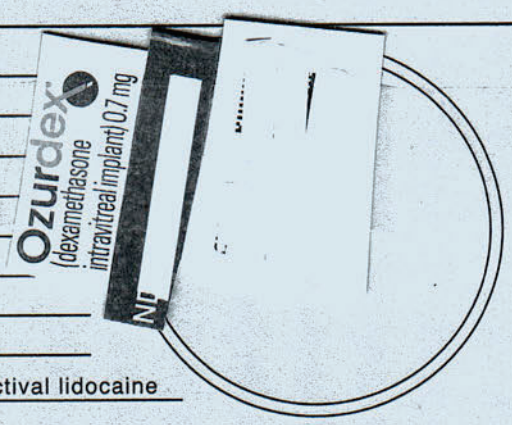
M.D. M.D.

Pt. Name: _____

DOB: _____

Ophthalmology

Date: 9/12/24



Procedure:

- [x] Intravitreal Injection
- [ ] Subtenon's Injection

Anesthesia: Alcaine & 4% topical xylocaine or 2% subconjunctival lidocaine

- [ ] Avastin 0.05 cc (1.25 mg)
- [ ] Eylea 0.05 cc (2mg) ○ OD ⊘ OS
- [ ] Eylea Sample 0.05 cc (2mg)
- [ ] Vabysmo 0.05 cc (6 mg)
- [ ] Vabysmo Sample 0.05 cc (6 mg)
- [ ] Izervay (20 mg/mL)
- [ ] Lucentis 0.05 cc (0.5 mg)
- [ ] Izervay sample (20 mg/mL)
- [ ] Lucentis 0.05 cc (0.3 mg)
- [ ] Lucentis Sample 0.05 cc (0.5 mg)
- [ ] Lucentis Sample 0.05 cc (0.3 mg)
- [x] Ozurdex 0.7 mg
- [ ] Ozurdex Sample 0.7 mg

Surgeon: _____

Procedure Description: Eye was sterilized with 5% betadine applied to the lashes and on the conjunctiva after drops of Alcaine and Antibiotic drops applied. Topical 4% Xylocaine or 2% subconjunctival lidocaine used to anesthetize the eye. Lid speculum was placed and betadine drop was applied to the site of injection in the inferior temporal quadrant. Intravitreal injection was performed, there were no complications.

Diagnosis:

- [ ] Wet AMD
- [ ] Diabetic Macular Edema
- [ ] Retinal Vein Occlusion
- [ ] Neovascular Glaucoma
- [ ] Cystoid Macular Edema
- [ ] Vitreous Hemorrhage
- [ ] Proliferative Diabetic Retinopathy
- [x] Retinal Edema
- [ ] Choroidal Neovascular Membrane
- [ ] Retinal Telangectasias
- [ ] Dry AMD with GA

MD , MD

Visit Date: 10/01/2024

What to do next

Discharge Orders/Instructions
Discharge Request
- 10/01/24 12:07:00 PDT, Home Routine
- **Order Comment:**

Follow-Up Appointments

Follow Up with **Why:** Having Vitrectomy: with gas bubble

Follow up with the Surgeon in the office tomorrow

Follow the positioning instructions __FACE DOWN, MAY SLEEP ON EITHER SIDE_____

No changes in atmospheric pressure such as riding in an airplane or traveling to higher elevation. No traveling on bumpy roads or jostling.

Keep your Green armband on. The surgeon will remove it when the bubble is completely gone. Do not take nitrous gas, laughing gas while you have the gas bubble in your eye (about 2 weeks).

You may not drive, or operate any machinery, make any important decisions or sign any legal documents, or drink alcohol for that time period.

You may use an ice pack or frozen veggies on the eye as needed for pain or swelling, 20 minutes on and 20 minutes off as needed. Keep a protective barrier of a pillowcase or towel between your skin and the ice pack.

You may be dizzy after surgery and you may be dizzy while you have your patch on.

Bed rest until your appointment tomorrow. Get help going to the bathroom so you do not injure yourself.
Keep your helper on the operative side to protect that side.

No lifting over 10 pounds until cleared by surgeon

Keep your eye patch on. Keep it clean and dry. Do not remove it until your appointment tomorrow. If it falls off, replace it with the patch provided.

You do not need to start your eye drops until after tomorrows appointment

Some pinkish discharge on the dressing is normal.

Resume normal home medications. Hold aspirin/Ibuprofen until you have your appointment tomorrow and ask the Surgeon at that time if you may resume taking it.

You may use Tylenol if needed for pain.

Resume normal diet today - spicy or greasy food is not recommended

If you are having trouble having a bowel movement you may need to take a stool softener.

If you have trouble urinating call the Surgeon or come back to the Emergency Room.

If you have trouble breathing, fever, chills, excessive bleeding or excessive pain call the Surgeon and come back to the Emergency Room.

Because you have had anesthesia and it will be in your system for the next 24 hours after your surgery, you should remain with a responsible adult for 24 hours.

Where:

About Your Visit

Your Care Team

Admitting Physician -
Attending Physician -
Primary Care Physician - No pcp MD, No family Dr
Referring Physician - No referring MD, Doctor Doctor

Reason for Your Visit

LEFT EYE RETINAL DET

Your Diagnosis

Retinal detachment with single break, left eye

Procedures Performed

Surgical Procedures

Vitrectomy | LEFT EYE VITRECTOMY 10/01/2024 10:59
OIL REMOVAL MEMBRANE PEEL
ENDO LASER, GAS SF6

Discharge Vitals

Temperature
98.1 °F (36.7 °C)
Heart Rate (Peripheral)
69
Heart Rate (Monitored)
69
Respiratory Rate
13
Blood Pressure
116/58
Height
67.00 in (170.18 cm)
Weight (Dosing)
174.03 lb (78.925 kg)

- Do not travel to a higher elevation or mountain range from a lower altitude. If you have eye pain while traveling, you should change your route to head for a lower altitude. If this is not possible, you should stop until eye pressure equilibrates and pain subsides.

- Maintain the proper head positioning as advised by your Ophthalmologist. Incorrect head positioning may cause your surgery to be unsuccessful, glaucoma or cataracts.

- Do not remove the bracelet you are wearing because it will alert health care providers about your surgery in case of an emergency.

Contact information for Ophthalmologist

Dr. _____ (name)

_____ (number)

Date of surgery: 10 / 01 / 24

TAM111 02/04

®

6201 South Freeway
Fort Worth Texas 76134-2099
1-800-TO-ALCON
862-5266

WARNING: This important information is provided to you about your eye surgery. You have a gas bubble in your eye. **Use of Nitrous Oxide (N_2O) or change in atmospheric pressure with a gas bubble present may cause an increase in pressure in your eye, which can result in blindness.** Advise all health care providers that you have a gas bubble in your eye before undergoing any surgical or dental procedure, or

hyperbaric oxygen therapy and have them contact your Ophthalmologist on the reverse side of this card or your bracelet.

The following restrictions apply until you have been advised accordingly by your Ophthalmologist:

- Do not travel in an airplane. Changes in elevation may cause an increase in pressure in your eye, which can result in blindness.

gas: SF6

position: Face Down

-sleep on either side

S/P: PRK, ox removal, ERM/ILM peel, CL, 20/15 OU

GTT:

POST OP

Dil: OD or OS @ 11:44

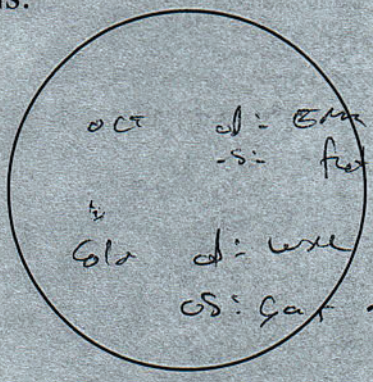
DATE: 10/2/24

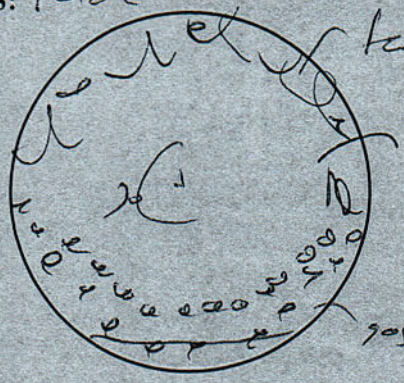
NAME: [redacted]

DOB: [redacted]

Pt states no pain, pt states they were able to sleep good.

LLL:	LLL: WNL
C/S: SC/VAZO/CF @ Face	C/S: SCH
K:	K: CL
AC: PHNI	AC: 1+cell
IRIS: TA 10 @ 12:00	IRIS: PSI
LENS:	LENS: PCIOL





DIAGNOSIS: 1) RD OS s/p PRK, ox removal, ERM/ILM peel, CL, 20/15 OU
Lacquering appears attached

PLAN: 1) VIGAMOX AND PREDNISOLONE ONE DROP 4X TIMES A DAY IN OPERATIVE EYE
2) DO NOT RUB EYE
3) REPORT TO ER OR CALL OUR OFFICE IF PAIN OR DECREASED VISION
4) SHIELD AT NIGHT

RTC: 1 week

S/P: PPVX, OIL removal, ERM, ILM Peel, EL 20%SF6 10/1/24

POST OP

GTT:

Amox: QID

Pred: QID

Dil: OD or OS @ 11:12

DATE: 10/9/24

NAME: "

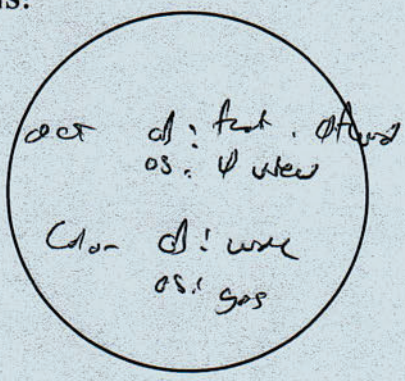
DOB

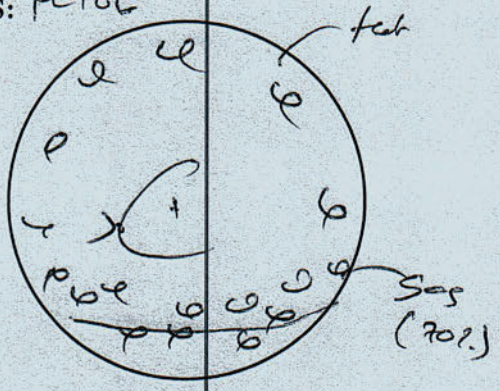
Pt states " OS is still okay, no pain, flashes, or floaters.

LLL:
C/S:
K:
AC:
IRIS:
LENS:

S/VA 20/CF@1ft PHNI
TA 2 @ 12:17

LLL: WNL
C/S: T- Scl
K: Cl
AC: D&Q
IRIS: DJI
LENS: PCIOL





DIAGNOSIS: DRD OS S/P PPVX, OIL removal/ERM+ILM Peel/EL 20% SF6 - Ø edema attached
Low IOP likely due to h/o PVX.

PLAN:
- D/w pt findings
- RTC: prn
- Rec: Cont gtts PF QID
- RTC: 3 weeks

S/P: PPVx, oil removal
ERM, ILM peel, C3F8 20%
10/1/24

POST OP

GTT: _____
Systane QU PRN

Dil: OD or OS @ 1:29

DATE: 10/30/24

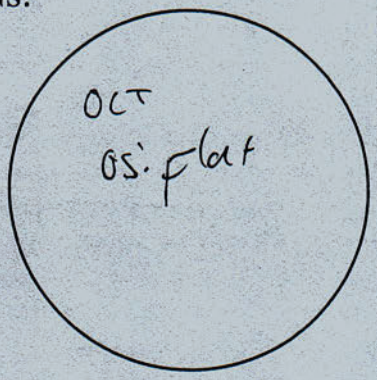
NAME: [redacted] DOB: [redacted]

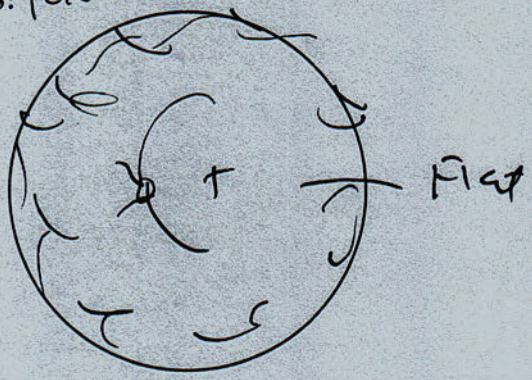
Pt states VA on OS is still very blurry. Reports floaters but no pain or flashes.

LLL:
C/S:
K:
AC:
IRIS:
LENS:

SC/VA20/CF@3FT
Ta - 6
13:39

LLL: WNL
C/S: W/Q
K: CL
AC: D/Q
IRIS: D:I
LENS: PCIOL





DIAGNOSIS: 1) RD OS S/P PPVx, oil removal / ERM + ILM peel
C3F8 20% SF6
Retina Attached, doing well

PLAN: D/w pt findings
RTC/RD prec
POC: 3 x a day PF OS
RTC: 6 wks

DATE: 1/14/25 PCP: _____ Referring MD: _____

NAME: _____ DOB: ___ AGE: 78

2.5 mos: pt states no improvement in OS since last visit

- pain - flashes (F) floaters

ROS: (-)DM (-)HTN (-)eyevit (-)smoke GTT: pred: TID OS

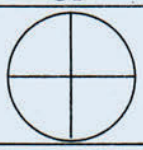
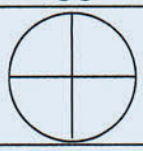
PMH: _____

PSH: _____ Allergies: NKDA

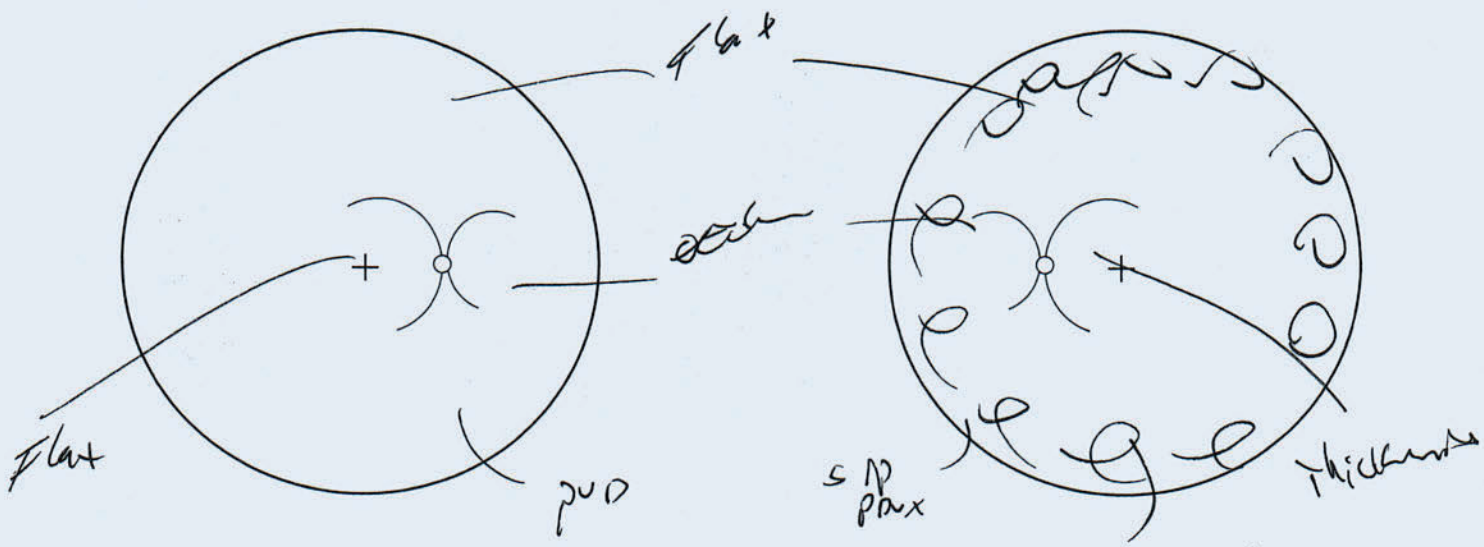
MEDS: see list DIL: OUC 11:39

PMH/RSH/ROS/FMH/MEDS: ☐ No interval change from exam: 10/30/24 Except: _____

SC VA	20/ 30+2	PH SC	20/ NI	SC VA	20/ CF@2ft	PH SC	20/ NI
CC VA	20/	PH CC	20/	CC VA	20/	PH CC	20/

	WNL	OD	WNL	OS
Confrontational Visual Fields	/		/	
Ocular Motility	/		/	
Intraocular Pressure		TP 13 @ 11:39		TP 7 @ 11:39
Pupils No APD ☐		TA 7 Amk		TA 12 Amk
ADNEXA / LIDS	/		/	
Conjunctiva	/		/	
Cornea	/		/	
Anterior Chamber	/		/	
Iris	/		/	
Lens		KLOOL		PLOO

DATE: 1/14/25 NAME: DOB



OCT:

OD: flat, PVD

OS: IA cyst

IVFA:

Diagnosis: 1) RD OS s/p ppvx/oil removal/ERM+ILMpeel/EI 20% SF6 - (10/24)
2) PVD OD - stable today s/p PRK, RP, retinectomy, EL, OI
3) ERM OS > OD - stable (3/24)
4) Macular Edema OS - ↑ today IVT ozurdex 9/12/24
5) PC IOL OU - stable

Plan: f/u pt tomorrow
RTRO pm
Rev. Ozurdex OS

RTC:

(M.D. M.D.

Pt. Name: _____

DOB: _____

Ophthalmology

Date: 1/14/25

Procedure:

☑ Intravitreal Injection

☐ Subtenon's Injection

Ozurdex (dexamethasone intravitreal implant) 0.7 mg

Anesthesia: Alcaine & 4% topical xylocaine or 2% subcc

☐ Avastin 0.05 cc (1.25 mg)

☐ Eylea 0.05 cc (2mg) ○ OD ○ OS

☐ Eylea Sample 0.05 cc (2mg)

☐ Vabysmo 0.05 cc (6 mg)

☐ Vabysmo Sample 0.05 cc (6 mg) ☐ Izervay (20 mg/mL)

☐ Lucentis 0.05 cc (0.5 mg) ☐ Izervay sample (20 mg/mL)

☐ Lucentis 0.05 cc (0.3 mg)

☐ Lucentis Sample 0.05 cc (0.5 mg)

☐ Lucentis Sample 0.05 cc (0.3 mg)

☑ Ozurdex 0.7 mg

☐ Ozurdex Sample 0.7 mg

Surgeon: _

Procedure Description: _____ Diagnosis: _____

Eye was sterilized with 5% betadine applied to the lashes and on the conjunctiva after drops of Alcaine and Antibiotic drops applied. Topical 4% Xylocaine or 2% subconjunctival lidocaine used to anesthetize the eye. Lid speculum was placed and betadine drop was applied to the site of injection in the inferior temporal quadrant. Intravitreal injection was performed, there were no complications.

☐ Wet AMD

☐ Diabetic Macular Edema

☐ Retinal Vein Occlusion

☐ Neovascular Glaucoma

☐ Cystoid Macular Edema

☐ Vitreous Hemorrhage

☐ Proliferative Diabetic Retinopathy

☐ Retinal Edema

☐ Choroidal Neovascular Membrane

☐ Retinal Telangectasias

☐ Dry AMD with GA

n, MD ,D

ORTHA CRX 1

RS

Name	Chart#	DOB	Race	Ethnicity	Pref. Language
				Patient Declined,	

Gender	Date	Location	Refer Doctor	PCP	Insurance
Male	6/11/2025				MEDICARE - Medicare/ AARP - AARP Medicare Supplement/Fixed Indemnity by

Reason For Visit: Follow Up - Posterior Vitreous Detachment (PVD) OD.

HPI: CC: Patient states no vision changes or concerns. Associated Symptoms: floaters. Pertinent Negatives: No Pain, flashes. HPI obtained by MD, MA, FASRS

Allergies: NKDA.

Smoking Status: Never Smoker.

Systemic Meds: None.

VA OD: Dsc20/25. PHNI. **OS:** DscCF 1ft. PHNI.

IOP: TP, App **OD:** 7 **OS:** 5,6 12:51 PM, 1:49 PM

Drops: Proparacaine 0.5%

OCT Macula: Findings OD: No Evidence of Macular Edema. No Subretinal Fluid. Preretinal Findings Consistent with an Epiretinal Membrane. **Findings OS:** Retinal Thickening Consistent with Macular Edema. No Subretinal Fluid. Retinal Thickening.

Fundus Photos: Findings OD: Vitreous Floaters. **Findings OS:** 360 Grid Laser Scarring.

Impression:

Primary: Macular Edema OS. Posterior Vitreous Detachment (PVD) OD. Macular Pucker OS.

Secondary: Pseudophakia OU. Retinal Detachment OS (s/p ppvx/mp/retinectomy/el/oil/oil removal/20% sf6).

Plan:

Discussion: Advised regular use of Amsler grid. Retinal detachment warnings given. Macular Edema OS. s/p ozurdex 3/12/25. Increased edema today. Treatment OD ozurdex today and shorten injection interval.Posterior Vitreous Detachment (PVD) OD. No retinal detachment or retinal tear noted.Recommended observation.Macular Pucker OS. Stable.Pseudophakia OU. Advised to return to optometrist for ongoing refractive care.Retinal Detachment OS (s/p ppvx/mp/retinectomy/el/oil/oil removal/20% sf6). Stable.

Procedures: Intravitreal Ozurdex (0.7mg) #4 OS.

Specialty Meds:

- Systane Ultra

Follow Up: Dr 2-3 Months - AMK EXAM-IN. Intravitreal Ozurdex (0.7mg) OS at

Signed: _____

Electronically signed by , D, MA, FAS

Materials for Item No. 8

-Complaint 26-05 inquiry letter (redacted)

-Complaint 26-05 licensee response (redacted)

-Complaint 26-05 licensee medical records (redacted)

STATE OF NEVADA

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

ADAM SCHNEIDER
Executive Director

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

August 18, 2025

[Licensee 1 name], O.D.
[Licensee 1 address]
[City], NV [zipcode]
[licensee email address]
via email only

Re: NSBO Complaint# 26-05
Patient: [Complainant]

Dear Dr. [Licensee 1]-

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

> [On August 15, 2025] I was having an eye exam with [Licensee 1]. Only her and I were in the room together for the exam. She tested my vision and was almost done when she began the test that reflects light in the back of the eye. She made a comment of "I'm shining this light into your eyes and you're already blind." I immediately stated that "your comment is offensive, please stop." She then decided to say that "I shouldn't have said that and then called me a 'poor thing.'" I said that "I'm not a poor thing and your comments are rude." She said "you can see, with a lot of help."
>
> I asked the front desk "Who would I need to speak with to file a complaint?" right after my exam was complete. I spoke with Linda the office manager about the incident and I was in tears as it was one of the most unprofessional experiences that I've ever had at an eye doctor's office. Linda stated that the owner Dr. [Licensee 2] was busy right now with patients but she would let her know.
>
> Dr. [Licensee 2, the employer of Licensee 1] called me personally after close of business to apologize.

Pursuant to NRS 636.305(3), in order to determine whether or not there has been a violation of NRS/NAC 636, please provide a written response to each allegation contained in the

accompanying letters. Failure to responsively address each of the above allegations could result in a determination that you agree with the above allegations. Please include any further information you believe would be useful for the Board to make a determination in this matter.

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.**

Your reply to director@nvoptometry.org is due on or by the close of business **September 18, 2025**. Should the records be voluminous, usage of Dropbox or ShareFile or the like is encouraged.

The Nevada State Board of Optometry investigates all information received concerning possible violations of NRS/NAC 636. This letter is not to be construed as a determination as to whether or not there has been a violation of such laws until a thorough investigation is completed. This correspondence is sent pursuant to NRS 636.305(2) and NRS 636.310(3), 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

08/19/2025

RE: NSBOCOMPLAINT #26-05

To Whom It May Concern:

I saw the Patient on 08/15/2025 at 4:40 P.M. She has very high myopia OU. Her best corrected visual acuity is OD: 20/20 and OS: 20/20. While talking with the patient, I did use the term blind to describe her vision. She immediately said, "I take offense to that. I am not blind." I said, "I'm sorry, I should not have used that word to describe you. You actually see very well with help. I only said it to empathize with you because I understand how bad your vision is without glasses and contacts." I could tell that she was still upset. So, after more testing I said, "Your vision is for the most part hereditary. It's not your fault. People throw that term blind around lightly and I shouldn't have said it. Again, I only used that word to empathize with you."

I am very aware that blind is a scary word. One of most people's biggest fears is to go blind. My whole career has been helping patients to see and keeping them from going blind. The majority of my patients have much lesser prescriptions than the Patient and they tell me they are blind. I used the word to show her that I, of all people, especially as her optometrist understand her vision.

I talked with my office manager after her complaint. She said the Patient said that I was sweet, but that what I said was very inappropriate. She said the Patient told her that other doctors had called her blind in the past and she would go home crying to her mom. Her mom would ask her, "Why don't you stick up for yourself?" That's when it finally dawned on me why she was so upset. To her, blind is a very derogatory term. To her, it's the same as being called disabled or handicapped. That is not what I meant at all. I take pride in the care I provide for my patients. I've wanted to be an optometrist since I was ten years old. I've been at my current office location for sixteen years. I love my staff, my patients, and my career. I'm sad and disappointed in myself for not communicating that to her and for causing her any distress.

Sincerely,

Licensee 1

Patient: [Complainant], DOB: XX/XX/1991
Date of Exam: 08/15/2025 Doctor: Dr. [Licensee 1]
Chief complaint: Blurry distance vision
Location: Both eyes Severity: Mild Quality: Slightly worse Duration: OngoingTiming: Continuous Context::
Modifying:Glasses improve

Secondary Complaints:
Ocular History/Surgey: None
Ocular Meds/ Eye Drops: None Last Eye Exam: 1 year
Family Ocular History: Glaucoma: Parents, Macular Degeneration: No,
Retinal Detachment:: No, Strabismus/Amblyopia: No
Previous Correction: Soft contacts Contacts: ACUVUE OASYS Solution: Renu Disposal: Biweekly

Medical History:

Primary Care Physician: Dr brown, Last Visit:: greater than 3 years, Reason: Check up
Medications: None
Allergies: No known drug allergies
OTC: None
Vitamins: Multivitamin

Review of Systems:

General Problems: None
Ear, Nose Throat Problems: None
Cardiovascular Problems: None
Respiratory Problems: None
Genital, Kidney, Bladder Problems: None
Muscle, Bone, Joint Problems: None
Skin Problems: Eczema
Neurological Problems: None
Psychiatric Problems: None
Endocrine Problems: None
Blood, Lymph Problems: None
Allergy, Immunologic Problems: None
Gastrointestinal Problems: None
Cancer: None
Pregnant or Nursing: No
Notes:
Neuro: Oriented x 3, Psych: Normal affect/mood
Injuries, surgeries, hospitalization: *Nia*
History reviewed by: Examining provider

Social History:

Hobbies: None
Smoking Status: Never smoker (<100 cigs equiv)
Alcohol: No
Illegal Drugs: No

Family Medical History:

Diabetes: Parents,Grandparent, Hypertension: No, High Cholesterol: No, Thyroid: No, Cardiovascular: No, Cancer: Parents, Other: None

Objective Findings:

Previous Eyeglass Correction: OD: -10.50 Sphere
OS: -8.75 Sphere
Previous Contact Lens Correction: OD: ACUVUE OASYS BC: 8.4 Diam: 14.0 -9.50
OS: ACUVUE OASYS BC: 8.4 Diam: 14.0 -8.00
Auto Refraction: OD: -11.00 -1.00 X 111
OS: -8.75 -0.50 X 088
Auto Ks: OD: +45.50 @ 167 / +48.00 @ 077
OS: +45.25@ 175 / +46.00 @ 085
Uncorrected Visual Acuity: VA OD sc: 20/CF
VA OS sc: 20/CF
VA OU sc: 20/CF
Confrontation VF: Full Fields OU, Automated VF: No Defects OU
Versions: Unrestricted Smooth
Pupils (ERRLA): Yes, Negative APO
Cover Test: Ortho, NRA: +2.50, PRA: -2.50 NPC: To tip of nose

Refractive Status:
Manifest Refraction: OD: -10.50 -0.50 X 096 VPrism: HPrism: VA: 20/20
OS: -8.75 -0.50 X 088 VPrism: HPrism: VA: 20/20 OU 20/20
Add: OD, OS, Near VA 20/ 20
Final Rx: OD: -10.50 -0.50 X 096
OS: -8.75 -0.50 X 088

Final Contact Lens Rx: OD: ACUVUE OASYS -9.00 X Add: BC: 8.4 Diam: 14.0
OS: ACUVUE OASYS -8.00 X Add: BC: 8.4 Diam: 14.0

IOP/Non-Contact Tonometry: 17mmHg OD, 15mmHg OS@ 05:04 PM

Anterior Segment Exam:
Adnexa: Clear OD, Clear OS
Lids: Clear OD, Clear OS
Bulbar *Conjunctiva:* Clear OD, Clear OS
Palpebral Conjunctiva: Clear OD, Clear OS
Tear Meniscus: Good OD, Good OS
Cornea: Clear OD, Clear OS
Anterior Chamber: Clear OD, Clear OS
Iris: Flat and even OD, Flat and even OS
Lens: Clear OD, Clear OS
Observations: Facial symmetry exists. Normal ocular adnexa and nodes. Eyelids and lashes, clean, healthy and free of defects.
Tears demonstrate normal surface qualities. Corneal epithelium, stroma and endothelium are 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 cortex, capsules, cortex and nucleus are normal for age. Unless otherwise noted above.

Dilation Drops/Optomap: Refused dilation and Optos

Posterior Segment Exam:
Vitreous: Clear OD, Clear OS
Neural Rim: Even, good coloration OD, Even, good coloration OS
C/D Ratio: 0.20 H / 0.20V OD, 0.20H / 0.20V OS
Macula: Normal OD, Normal OS
Vessels: Clear 2/3 *AN* ratio OD, Clear 2/3 *AN* ratio OS
Retina: Clear, no tears, no detachments OD, Clear, no tears, no detachments OS
Periphery: Unable to view, refused dilation and Optos OD, Unable to view, refused dilation and Optos OS
Observations: 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, exudates, hemorrhages or evidence of retinopathy. Unless otherwise noted above.

Assessment:
1. Myopia, bilateral
2. Regular astigmatism, bilateral
3. Ocular health clear and quiet, OU
4. Good fit and vision with current contact lenses.

Plan:
1. Recommended spectacle glasses for vision correction.
2. Monitor condition with yearly examination.
3. Advised of *SIS* of retinal detachment and to RTC ASAP
4. CLX written

Return Visit Scheduled: 1 Year(s) for Complete Eye Exam
Electronically Signed By: Dr. [Licensee 1
[Location 1 address] [City], NV [zip code] [Location 1 phone number] [Location 1 fax number] [location 1 website]

[Location 1]
[Location 1 address]
[City], NV [zip code]

Phone:[Location 1 phone]
Fax:[Location 1 fax]

Spectacle Prescription Release

Patient: [Complainant
DOB: XX/XX/1991
Phone: [Complainant phone number]

Date: **8/15/2025**
Prescription Date: **8/1512025**
Expiration Date: **8/15/2026**

	Sphere	Cylinder	Axis	Vert Prism	Hori Prism	Add
OD	⊕10.50	-0.50	096			
OS	·8.75	⊕0.50	088			

Notes:

Notes and Recommendations:
Material: Hi-Index 1.67
Options: Btue Light Pmtection , Anti-reflective
RX Type: Full-Time Wear
Lens Type: Single Vision

Signature: [Licensee 1] signature

[Licensee 1 name]

Materials for Item No. 9

-Complaint 26-07 inquiry letter (redacted)

-Complaint 26-07 licensee response (redacted)

STATE OF NEVADA

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

ADAM SCHNEIDER
Executive Director

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

September 2, 2025

[Licensee 1], O.D.
[Licensee 1 address]
[City], NV [zipcode]
[Licensee 1 email address]
via email only

Re: NSBO Complaint# 26-07
Complainant: [Complainant]

Dear Dr. [Licensee 1]-

This office has received a complaint alleging the below and therefore your conduct may have been unprofessional as defined in Nevada Revised Statute (NRS) 636.295 and Nevada Administrative Code (NAC) 636.230:

> I am an Optician 18 years and stumbled upon a " STORE FRONT" CRIME SCENE. I found out that MY BOSS the OPTOMETRIST is a CRIMINAL. I have a police report and a detective I am working with. Due to the Medical board not being able to intervene as it is out of their realm of investigation. [Entity 1 name and Entity 1 address] NEVADA [Licensee 1] LABELS himself as a "HEALER" Healing and traveling to Jewish colonies. Which can be a wonderful thing except his is using the EMPLOYEES AS TEST SUBJECTS- Some live and and some die as he tests his technique for payouts or sex on site during working hours.
>
> I am a victim and through the loophole of laws thinks he will never get caught. REMINDER the GUY is ripping off the government for "HEALING SERVICES" way more than your glasses and contacts. More of the equivalent of a CHINESE MASSAGE PARLOR" during my shift as an OPTCIAN" ELDERY SAFETY CONCERNS> AFRICAN AMERICAN CONCERNS AND WOMEN CONCERNS as I was rape assaulted on site.
>
> [Licensee 1] states he is LORD and indoctrinates the staff and furdles ILLEGAL IMMIGRANTS- VIOLENT WORKPLACE See News story [Former Employee 1 name] [Licensee 1] made suicidal and used him as a human test subject and he is now deceased. I am fighting for his honor now and hoping that no more people will be hurt

of murdered on site. WHO IS WATCHING THIS MAN? HES BEEN THERE FOR 30 years performing "END OF LIFE PROCEDURES" for the JEWISH COMMUNITY- taking 1,000,000,000 donation's and committing TAX FRAUD. I AM A WITNESS> HE NEEDS TO BE SHUT Down- THE MAN PLACED RADIATION EQUIPMENT OVER MY HEAD_ CRANIAL NERVE STIMULATION TO CHANNEL OPTIC NERVE< FEA< OCCIPITAL LOBE AND SEARED MY VISUAL PATHWAY ** HIDDEN BLIND AND DEAF TOOLS shredding my NATURAL THINKING PROCESS. USING JIS BRAINWASH JUDAISM AND [Licensee 2] CRANIAL NERVE CODES CAUSING MENTAL PARALYSIS- [Licensee 1] SEDATED ME FIOR INTERCOURSE. [Office Manager] creates and cultivates to NEGATE BRAIN DAMAGES OF STAFF TESTING " SHOCK THERAPY TECHNIQUE ONSITE"

Can you believe the man performed shock therapy/ Conversion therapy/ Though replace of saccadic to reinforce his dick/ With LACRIMAL EYE STRUCTURE TOOLS. I WOKE UP TO A NIGHTMARE. PARALYSIZED ME FOR SEX and livestreams the cameras to foreigners to see if he launguage programming system is working for the SYNAGOGUE.

I HAVE A CASE FILE WITH THE STATE PUSHING IT THROUGH FOR PUBLIC SAFETY< ID LOVE TO PUT THIS BITCH IN JAIL> THEY ARE LITERALLY USING EMPLOYEESS AS HUMAN STUDIES

IVE ALERTED THE NORTH COURTS AND THE JUDGE OF HIS FRAUD

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 is due on or by the close of business **October 2, 2025**. **Because this matter may be presented to the Board in a double blind manner, refer to yourself as "Licensee 1," your practice/fictitious business name as "Entity 1" and the patient as "Complainant," and do NOT place your response on any 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). As a licensee subject to an investigation, you are required by law to timely provide the requested information.

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

Respectfully,

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

Dear Sirs:

Before you is a complaint made by a former employee of mine, She was employed from 5/03/2022 and terminated on 01/30/2024, While her last day of work was on 12/2/2023, she was given a thirty-day period to initiate treatment for emotional problems. I will attempt to address each of the items in the complaint in the order in which the complainant has them listed.

1. The complainant may very well have been employed in the optical field for 18 years, but she has never been licensed as an optician. I believe she may have been registered as an apprentice for a while, but not while under my employ.
2. Complainant may have filed a report with the metropolitan police department, but I have never seen such complaint, nor been questioned by any law enforcement official in any matter related to the Complainant.
3. License 1 was born and raised in Las Vegas and have been licensed as an optometrist in Nevada since 1988. I am a member of the reform Jewish community and was a board member for a local Synagogue, Adat Ari El for more than a decade. As a whole, the Jewish community doesn't recognize anyone as a "HEALER", nor do I know of which "Jewish colonies" there were to travel to, in which to heal people. I have always made it my policy to provide optometric services to religious leaders of all denominations at no charge and do treat many of the reform and most of the orthodox Rabbis and their families here at my office.
4. Most of my employees have sat for me as patients in my exam chair, as well as for each other to learn how to use the various computerized diagnostic equipment in the office. My office is quite busy averaging 25-60 doctor-patient interactions per day, not counting the dozens of patients picking up contact lenses or glasses in the dispensary. I always have three employees on site while I'm not seeing patients, and as many as 14 when an ophthalmologist colleague is also seeing patients in my office. It would be impossible for any sexual shenanigans to go unnoticed.
5. There are no pieces of furniture or equipment on premises that would indicate anything other than an optometric, opthalmologic, or optical office. Certainly nothing resembling a Chinese Massage parlor.
6. I have no idea of what she may have observed during her "shift" that would constitute "elder(l)y safety concerns, African American concerns, or Women concerns. I am not sure if she is intimating that I "rape assaulted" her on premises or she was "rape assaulted" by someone else.
7. I am not a surgeon and certainly have no God complex nor am I the head of my own church, so I don't understand in what I am indoctrinating my staff to believe.
8. I don't understand what it means to furdle illegal immigrants so I deny doing so.

9. [Former Employee 1] was a former employe who was not suicidal, nor did he take his own life. Tragically, he was the victim of domestic abuse. His girlfriend/housemate of 2 ½ years stabbed him to death in his apartment months after leaving my employ.
10. I am neither a Rabbi nor a religious leader of any sort. I do not preform any religious end of life services (I don't believe there is a Jewish version of "last rites" anyways) for the Jewish community. Additionally, I don't think there are enough hours in the day for me to have received a million donations in the year and a half complainant bore witness and have time to see patients too!
11. I have autorefractors, perimeters. tonometers, topographers, an OCT and an IOL master, but no radiation equipment of any kind. I am unaware of any way to selectively perform cranial nerve stimulation to channel optic nerve<FEA<Occipital lobe and sear her visual pathways with radiation.
12. I have no idea of what she means by having hidden blind and deaf tools that shred her natural thinking process.
13. I have no understanding of any brainwash Judaism techniques, and am equally sure they do not exist.
14. I'm sure that Doctor [Licensee 2] an Optometrist who worked for me prior to relocating to California with her Ophthalmologist husband and three children does not possess any cranial nerve codes for mental paralysis, nor would she appreciate being accused of aiding and abetting a rape.
15. My office manager [name] was equally unaware that she was being accused of performing shock therapy techniques to cultivate or negate brain damage of staff testing.
16. I do not have any shock therapy equipment, nor do I condone or perform conversion therapy of any kind.
17. To the best of my knowledge saccadic eye movements are in no way connected to penile reinforcement.

If requested I will provide a plethora of unredacted letters documenting her attempt to extort a lifetime of benefits for herself, mother and daughter, attempts to fraudulently obtain workmans' compensation benefits based on being subjected to experimental chiroproactic surgeries, screen shots of equally nutty ramblings sent as text messages and voicemails sent to my employees alleging a myriad of delusional thoughts.

Respectfully submitted,
License 1

Materials for Item No. 10

-Boards and Commissions draft regulation with possible edits

PUBLIC COMMENTS FOR WORKSHOP ON PROPOSED REGULATIONS OF THE DEPARTMENT OF BUSINESS AND INDUSTRY

1. The Office of Nevada Boards, Commissions and Councils Standards shall be responsible for:

Authorizing Statute NRS 232.8415	***PROPOSED NAC REGULATION***
(a) Centralized administration	*The Office shall facilitate compliance with State administrative requirements pertinent to Board administration contained in NRS and NAC and the State Administrative Manual.* *The Office shall serve as the primary point of contact for Boards and shall coordinate with state agencies relating to compliance with any statutory administrative provisions that apply to Boards.* *The Office shall coordinate Board access to State systems necessary for compliance with state administrative requirements.* *The Office shall communicate administrative directives, all-agency memorandums, and applicable law and regulatory requirements and revisions pertinent to Board administration.* *The Office shall recognize the Boards' authority to retain control and custody of all revenue and funds collected under their statutory authority, including but not limited to license fees and other board-generated income.* *The Office shall not authorize, require or direct the obligation, expenditure or reserve of Board funds for any purpose not approved by the Board or required by law.* *The Office may enter into agreements with Boards to perform specific administrative services. Services may include, but are*

	not limited to contract management by a certified contract manager. *The Office shall monitor compliance with the administrative requirements contained in this regulation; Boards shall cooperate with, respond to and comply with requests from the Office, Auditors or other authorized entities.* *The Office shall notify the Board Chair and Executive Director in writing of non-compliance, and may require a corrective action plan to bring the Board into compliance.* *The Office of Boards and Commissions official letterhead may be utilized by Boards.*
(b) A uniform set of standards for investigations, licensing and discipline, including, without limitation, separating the roles and responsibilities for occupational licensure from the roles and responsibilities for occupational discipline. (NRS 233B.050 RULES OF PRACTICE)	*Boards shall establish rules of practice, through written policies and procedures for Board administration which shall include:* *(a) For investigations, the internal process for investigation of complaints which shall contain the date, complaint identifier, status and outcome of the investigation;* *(b) For licensing, the internal process for processing, review and issuance or denial of any application;* *(c) For discipline, if process and/or procedure differentiates from NRS 622A, the pertinent statute or authorized disciplinary procedures adopted by the Board.*
	(d) For Financial Management: *The system of internal financial controls that ensures revenue and expenses are recorded timely and reviewed by the Board regularly. A Board shall approve an annual fiscal year financial budget. Financial reports shall*

	compare the actual income and expenses to budget. *The policy shall identify whether the Board is subject to audit requirements pursuant to NRS 218G.400, and whether the Board has adopted a biennial audit cycle.* *(e) For Data and Licensing Systems:* *The system of controls for authorized access to ensure data integrity and confidentiality of information; and that data is accurate and verifiable.*
(d) A uniform set of standards for legal representation	*(f) For Legal Representation:* *A Board who contracts or employs an attorney must ensure the attorney is:* *Licensed to practice by the Nevada State Bar;* *Has not been disciplined by the Nevada State Bar within the previous 5 years; and* *Has current professional liability insurance no less than $2,000,000.* .
(e) A consistent set of structural standards for boards and commissions;	*(g) For Board Structure:* *The process for selection of Chair and Vice-Chair or comparable positions. Policy must identify Board orientation and required Board trainings to be completed, with timelines.* *Board training shall include training on the Nevada Open Meeting Law provided by the Attorney Generals Office.*

	(h) For Personnel system, policy to include hiring authority, job descriptions, wage and salary structure, benefits and leave; performance evaluations, and supervision.
(f) Transparency and consumer protection	*To promote transparency and consumer protection, Boards shall maintain publicly assessable and ADA compliant websites which shall, provide access to:* *a) Enabling laws, regulations and approved regulations not yet codified;* *b) Board Information to include:* *i. Board member listing containing title, statutory position designation, term of appointment* *ii. Executive staff with Title* *iii. Board contact information to include email, physical and mailing address, if different, hours of operation and telephone number;* *iv. Board and committee meetings, workshops and hearings to include date, time, location, agenda and minutes.* *c) Licensing information, to include:* *i. Eligibility, educational and testing requirements* *ii. Pre-determination of eligibility, if prior criminal history* *iii. License types and special requirements* *iv. Applications, electronic or hard copy* *v. License verification system to include full name, type of license, license number, status, expiration date and whether there is disciplinary history* *vi. Disciplinary Actions portal, link or system which provides access to final order or settlement agreement, or to request a copy.*

	d) Public and Consumer information to include but not limited to: *i. Complaint instructions and forms* *ii. Public Records Request information* *iii. Funding source; disclaimer on general funds* *iv. Board Publications and Reports* *v. Financial Audit Reports* *vi. Additional Resources,* *vii. Direct link to State of Nevada and Office webpages*
(g) Efficacy and efficiency	*Boards shall prepare an Annual Fiscal Year Report on Board activities, to include statistics on licensing activity, disciplinary actions, financial status and significant financial or structural concerns, if any. The report shall be submitted to the Office by September 1st of the following calendar year.* *Boards shall provide a copy of all adopted rules of practice, policies and procedures required by the Office. Any revisions must be provided within 60 days of adoption by the Board.* *Boards shall provide the Office the following reports:* *1) financial reports comprised of budget vs actual profit and loss and balance sheet;* *2) complaint status report to include date received, complaint identifier, investigation status, resolution or hearing date and disciplinary actions taken,;* *3) Annual or Biennial Audit Report or Balance Sheet;(NRS 218G.400);* *Boards shall complete Legislative required reports within the*

	timelines required by law to include: *i) Legislative Counsel Bureau Reports on Occupational Licensing; (NRS 622.100)* *ii) Office of the Controller, Business Licenses (SPOLR)* (*NRS 353C.1965) and* *iii) Office of Veterans Affairs, Veterans Report (NRS 622.120)*

Materials for Item No. 11

-Board of Nursing explanation for random CE audits + Board of Osteopathic Medicine statute for CE audits (NRS 633.471(3)

-Board of Osteopathic Medicine policy re NRS 633.471(3) CE audits

How do I submit my CEs/CNA training hours to the Board?

Should.you.be.selected.for.a.random.audit?you.will.need.to.show.proof.of.completion.of.all.your.continuing.education.for.the.most.recent.renewal.period¡.The.renewal.period.goes.back.two.years.from.when.the.renewal.is.submitted¡

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Rather.than.requiring.licensees.to.submit.their.continuing.education~~-t~~raining.certificates.at.the.time.of.renewal?the.renewal.application.asks.applicants.to.affirm.(swear).they.are.in.compliance.with.the.continuing.education~~-t~~raining.requirement.and.reminds.them.to.retain.copies.of.their.certificates.in.case.of.an.audit¡.Then?the.Board.conducts.random.audits.to.ensure.compliance¡.Failure.to.complete.the.continuing.education.within.the.renewal.period?or.failure.to.produce.evidence.of.CE~~-t~~raining.completion.when.audited?may.result.in.disciplinary.action¡.Please.refer.to.the.article.in.the September.867❺.Nursing.News

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NRS 633.471(3). The Board shall request submission of verified evidence of completion of the required number of hours of continuing medical education annually from ~~[no fewer than one-third]~~ (2005) a percentage (2023) a percentage of the applicants for renewal of a license to practice osteopathic medicine or a license to practice as a physician assistant or anesthesiologist assistant determined by the Board. Subject to subsection 14, upon a request from the Board, an applicant for renewal of a license to practice osteopathic medicine or a license to practice as a physician assistant or anesthesiologist assistant shall submit verified evidence satisfactory to the Board that in the year preceding the application for renewal the applicant attended courses or programs of continuing medical education approved by the Board totaling the number of hours established by the Board.

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Frank DiMaggio, JD
Executive Director

STATEMENT OF POLICY REGARDING CONTINUING MEDICAL EDUCATION AUDITS FOR LICENSEES

Pursuant to NRS 633.471(3), the Board was required to request submission of verified evidence of completion of the required number of hours of continuing medical education annually from no fewer than one-third of the applicants for renewal of a license to practice osteopathic medicine or a license to practice as a physician assistant.

Nevada bill AB 124 was approved by Governor Lombardo and became effective May 31, 2023. AB 124 amends the relevant portion of NRS 633.471(3) to state that the Board shall request submisision of verified evidence of completion of the required number of hours of continuing medical education annually from a percentage of the applicants for renewal of a license to practice osteopathic medicine or a license to practice as a physician assistant as determined by the Board.

Accordingly, every renewal cycle, the Board's staff shall audit ten percent (10%) of the applicants for renewal of a license to practice osteopathic medicine or a license to practice as a physician assistant for compliance with NRS 633.471(3). This audit is random and applies to all applicants for renewal of a license to practice osteopathic medicine or a license to practice as a physician assistant, including Board member licensees.

To set a standard for all Board licensees, the Board urges Board member licensees to voluntarily submit annually to CME audits. As this is an aspirational goal, there is no penalty or discipline for failing to do so.

However, regardless of whether a Board member is randomly selected for a random CME audit or voluntarily does so, all the provisions of NRS 633.471(3) and NAC 633.250 shall apply and any violations of said provisions may be subject to disciplinary action by the Board.

This policy shall take effect beginning August 8, 2023.

Approved by the Board at the August 8, 2023 Board meeting.

Materials for Item No. 12

-ARBO Update- October 2025

Association of Regulatory Boards of Optometry

ARBO
Association of Regulatory Boards of Optometry, Inc.

3440 Toringdon Way
Suite 205 PMB #20533
Charlotte, NC 28277

Tel: (704) 970-2710
Fax: (888) 703-4848
Email: arbo@arbo.org

ARBO Member Update—October 2025

- Recommendations and resources from ARBO's Telehealth Task Force have been posted in the member section of our website. (Go to www.arbo.org and click on ARBO Member Boards Login under the logo on the left side of the page. Enter your member username and password. If you don't know your username and password, please contact Lisa Fennell, ARBO CEO, at LFennell@arbo.org.)

- A new issue of ARBO's GreenSheet newsletter has been published. You can find it on our website www.arbo.org. (Click on September 2025 Greensheet under the ARBO logo on the left side of the page.)

- The ARBO Board of Directors established new committees over the summer, and they have begun working. Committee updates will be provided at the next annual meeting in June 2026.

- The *OE TRACKER* mobile app has been updated to allow users to print, email, or save their CE course history directly from the app.

- Planning has begun for the 2026 ARBO Annual Meeting which is taking place June 13-14, 2026, in Phoenix, Arizona. Preliminary information is available on ARBO's website. More information will be distributed soon.

- Join us for our next member webinar, 2025 Year in Review with ARBO, on December 2, 2025, at 8:00 pm ET / 7:00 pm CT / 6:00 pm MT / 5:00 pm PT. In the webinar ARBO's Board members and Dale Atkinson, Esq. will be reviewing ARBO's programs, legislative changes, regulatory cases, and other important issues that took place in 2025. To register for the webinar go to our website www.arbo.org, click on meetings at the top of the page and then click on Regulatory Webinars.