

KANSAS STATE BOARD OF EXAMINERS IN OPTOMETRY

3109 W. 6th St Suite B
Lawrence, KS 66049
Phone: (785) 832-9986
Fax: (785) 856-2323
email: kssbeo@ks.gov

INSTRUCTIONS:

Please state clearly and specifically all allegations against person named below. List each incident, specific date(s), full name of patient, and a brief statement describing each incident. If additional space is required, please use additional paper. Attach copies of any documents you have concerning the allegation. Please complete both pages of this form.

PERSON MAKING ALLEGATION:

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email _____

PERSON AGAINST WHOM ALLEGATION IS MADE:

Name _____
Address _____
City _____ State _____ Zip Code _____

BRIEF OUTLINE OF ALLEGATION: (Or attach a letter)

I acknowledge that the Kansas State Board of Examiners in Optometry may provide a copy of this form to the above named person against whom this allegation is made, I agree to testify in any hearings which may arise as a result of this allegation. The statements I have made are true and correct to the best of my knowledge and belief.

Date _____

Signed By _____

RELEASE OF INFORMATION AUTHORIZATION

I hereby authorize all hospitals, institutions, optometrists, physicians, clinics, employers (past and present), laboratories, insurance companies, and/or all government agencies to release to the KS State Board of Examiners in Optometry or its representatives any and all information, records, files or documents in whatever form pertaining to information in their possession or control. A photostatic copy of this release may be used by the Board in place of the original.

Patient Name _____

Signed By _____

Parent/Guardian if applicable _____

Date _____

BOARD USE ONLY - DO NOT WRITE BELOW THIS LINE

TO

ADDRESS

CITY,STATE,ZIP

PLEASE SUBMIT COPIES OF ALL RECORDS INDICATED BELOW REGARDING THE ABOVE RELEASE OF INFORMATION AUTHORIZATION. THANK YOU.

- | | |
|---|---|
| <input type="checkbox"/> CONSULTATION | <input type="checkbox"/> HISTORY |
| <input type="checkbox"/> PROGRESS NOTES | <input type="checkbox"/> LABORATORY/PATHOLOGY REPORTS |
| <input type="checkbox"/> CLINICAL FINDINGS | <input type="checkbox"/> SPECTACLE/CONTACTLENS RxS |
| <input type="checkbox"/> ORDERS/RECOMMENDATIONS | <input type="checkbox"/> PHARMACEUTICAL PRESCRIPTIONS |
| <input type="checkbox"/> OTHER | |

PLEASE SEND INFORMATION TO:

KS State Board of Examiners in Optometry
3109 W. 6th St., Suite B
Lawrence, KS 66049
Phone: 785-832-9986
Fax: 785-856-2323
email: kssbeo@ks.gov

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