KANSAS STATE BOARD OF EXAMINERS IN OPTOMETRY
3109 W. 6th St Suite A
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.

___CONSULTATION	___HISTORY
___PROGRESS NOTES	___LABORATORY/PATHOLOGY REPORTS
___CLINICAL FINDINGS	___SPECTACLE/CONTACTLENS RxS
___ORDERS/RECOMMENDATIONS	___PHARMACEUTICAL PRESCRIPTIONS
___OTHER	

PLEASE SEND INFORMATION TO:

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

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