



State Board of Optometry

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FOR BOARD

USE ONLY:

Date Received: _____

Recorded: _____

Authorized Ophthalmic Surgery Procedures Outcomes Report

PROCEDURE	NUMBER PERFORMED	NUMBER WITH NEGATIVE OUTCOME
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YAG

SLT (SELECTIVE LASER
TRABECULOPLASTY)

_____	_____
_____	_____

Reporting Period from: _____ to _____ , _____
Month/Day Month/Day Year

My signature below certifies that I have read and understand the law as it pertains to Authorized Ophthalmic Surgical Procedures.

Date: _____ Printed Name: _____

Signature: _____