EVALUATION OF CLINICAL PRIVILEGES - OPTOMETRY

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. PERIOD OF EVALUATION *(YYYYMMDD)*
		FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY *(Name and Address: City/State/ZIP Code)*	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Diagnosis and Management of:			
	a. Refractive error problems			
	b. Binocularity problems			
	c. Accommodative problems			
	d. Low-vision problems			
	e. Developmental and perceptual problems			
	f. Contact lens problems			
	g. Diseases and disorders of the visual system, the eye and associated structures			
	(1) Ordering of laboratory tests used in the practice of optometry			
	(2) Ordering of diagnostic imaging tests used in the practice of optometry			
	(3) Prescribing of topical medications used in the practice of optometry to treat:			
	(a) Allergies			
	(b) Infections			
	(c) Inflammation			
	(d) Glaucoma			
	(e) Pain			
	(4) Prescribing of oral medications used in the practice of optometry to treat:			
	(a) Allergies			
	(b) Infections			
	(c) Inflammation			
	(d) Glaucoma			
	(e) Pain			
	(5) Refill of expired ophthalmic prescriptions			
	Procedures:			
	a. Intermediate or comprehensive medical examination and evaluation of the eye and adnexa with initiation of diagnostic and treatment program, new and established patient			
	b. Intermediate or comprehensive medical examination and evaluation of the eye and adnexa with continuation of diagnostic and treatment program, new and established patient			
	c. Determination of refractive state			
	d. Gonioscopy			
	e. Sensorimotor examination with multiple measurements of ocular deviation			
	f. Orthoptic and/or pleoptic training			

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CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	g. Fitting of contact lens for treatment of disease			
	h. Visual field examination with interpretation and report			
	i. Serial tonometry			
	j. Scanning computerized ophthalmic diagnostic imaging with interpretation and report			
	k. Ophthalmoscopy, extended, with interpretation and report			
	l. Ocular photography (fundus, external and anterior segment) with interpretation and report			
	m. Prescription of optical and physical characteristics of and fitting of contact lenses, including aphakia			
	n. Evaluation for prescription of low vision aids/devices			
	o. Removal of foreign body from cornea or conjunctiva, superficial or embedded			
	p. Scraping of corneal epithelium, diagnostic			
	q. Removal of corneal epithelium			
	r. Closure of lacrimal punctum by plug			
	s. Dilation, probing and irrigation of the lacrimal punctum, canaliculi, and sac			
	t. Ophthalmic ultrasound, A and B scan			
	u. Electrodiagnostic testing, (EOG or ERG) with interpretation and report			
	v. Pachymetry			
	w. Correction of trichiasis (Epilation by forceps only)			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE *(YYYYMMDD)*