



9. Did you recommend the patient consult:
- a. another optometrist? (yes) (no) Specialty\_\_\_\_\_
- b. a physician? (yes) (no) Specialty\_\_\_\_\_
- Patient (followed) (did not follow) instructions relative to consultation.  
 Response (was) (was not) received from consultant.
10. What other advice or instructions did you give this patient?\_\_\_\_\_
- \_\_\_\_\_
11. Has this patient contacted you expressing dissatisfaction with the professional care rendered? (yes) (no) date/s of contact\_\_\_\_\_
12. Nature of the dissatisfaction:\_\_\_\_\_
- \_\_\_\_\_
13. Describe any remedial action taken by you:\_\_\_\_\_
- \_\_\_\_\_
14. Patients response to the remedial action:\_\_\_\_\_
- \_\_\_\_\_
15. What fees did you charge for those services under evaluation? (Attach copies)
- | Date  | Professional Services | Materials |
|-------|-----------------------|-----------|
| _____ | _____                 | _____     |
| _____ | _____                 | _____     |
16. Please attach the original or a photostatic copy of the following:
- a. Clinical findings (including case history and advice given) for every visit the patient made to your office. Include any and all visits even if they were prior to the time of the dissatisfaction being evaluated.
- b. Any correspondence from the patient relative to this problem.
- c. Any consultants reports.
17. Supply a typewritten narrative response to any of the above items needing further explanation

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date