Reviewer_____
Date _____

GLAUCOMA CASE REVIEW FORM

	FORM A					FORM B						
							New Patient ✓	New Patient ✓	Est. Pt. with Change in Treatment ✓		Est. Pt. with No Change in Treatment ✓	
Name of Optometrist	Date of TA Lic.	Case #	✓ Accept	✓ Reject		Case #	Accept	Reject	Accept	Reject	Accept	Reject

_____ _____

Signature of Reviewer **Date**

Please return this form within 30 days to: Maine Board of Optometry
113 State House Station
Augusta, Maine 04333

Revised 02/2007